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ADMINISTERING ANTIDRUG PROGRAMS IN IOWA: FEDERAL, STATE, AND LOCAL COORDINATION

HEARING

BEFORE A

SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE
ONE HUNDRED FIRST CONGRESS

SECOND SESSION

SPECIAL HEARING

Printed for the use of the Committee on Appropriations



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ADMINISTERING ANTIDRUG PROGRAMS IN IOWA: FEDERAL, STATE, AND LOCAL COORDI- NATION

WEDNESDAY, JANUARY 10, 1990

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Des Moines, IA.

The subcommittee met at 10 a.m., in the Wallace State Office Building Auditorium, Des Moines, IA, Hon. Tom Harkin (chairman) presiding.

Present: Senator Harkin.

NONDEPARTMENTAL WITNESSES

STATEMENT OF HON. TERRY E. BRANSTAD, GOVERNOR OF IOWA

OPENING REMARKS OF SENATOR HARKIN

Senator HARKIN. Good morning, and the subcommittee will come to order. This is the Subcommittee of Labor, Health and Human Services, Education, and Related Agencies of the Senate Appropriations Committee.

We all know that the winds have changed sweeping Romania, Poland, and East Germany and have literally torn apart the Iron Curtain that divided Europe for the past two generations. But as the cold war is thawing, we're facing a hot war that's rising up in our streets, our Nation, our neighborhoods, our cities, and our rural areas. I'm talking about the war on drugs.

The fact is that drug and alcohol abuse have become the No. 1 threat to our national security, and it's no longer a problem just afflicting our big cities. It's now creeping into our smaller communities and rural areas.

From my visits across Iowa, meeting with local police and educators and community leaders, I was startled to find that crack cocaine is the No. 1 illegal drug of choice. I was equally shocked when I read that 53 percent of rural Iowans used alcohol in the past year, a rate substantially higher than the national average. So the problem in Iowa is real.

Since 1983 the street value of cocaine and the number of cocaine seizures have tripled. The number of people admitted for cocaine addiction treatment in Iowa doubled in 1987 and doubled again in 1988 and continues to escalate. The numbers of drug-related deaths

in Iowa increased by 17 percent in 1988, over the 1987 level. So these are just some of the indications of our problems in Iowa.

Now, I want to make clear that in Iowa we still don't have the problems of Los Angeles or Philadelphia or Washington, DC, or Miami, but it's obvious we can't just sit back and wait for it to get that bad.

Last summer this subcommittee held a hearing here in Iowa speaking with police officers, educators, and community leaders to discuss the scope of the problem and how the Federal Government could better arm Iowans to win this battle. This subcommittee hearing today is an extension of that.

This year the amount of money coming to Iowa from the Federal Government for the war on drugs is \$18.1 million. That's up from \$9.5 million last year, so almost a doubling of the moneys coming into Iowa. That breaks down to \$7.8 million for treatment programs; that's up from \$4.8 million; \$4.85 million for the drug-free schools; that's up from \$3.2 million; \$4.86 million for law enforcement; and that's up from \$1.5 million.

In addition, as a result of the drug package that was passed this fall, Iowa received \$326,000 for the National Guard, \$218,000 to reduce waiting lists at treatment centers, and \$53,000 for public housing drug elimination. These new funds provide fuel to fight the drug war, and they pose new challenges for those agencies responsible for carrying out that war.

Again, we all know we won't win the war on drugs from the top down. It's going to take individual action on the part of all of us to be successful. But we can't win the war on drugs without real ammunition. It's going to take more police on the beat, more treatment centers, more drug counselors, more educators to make our Nation and our State drug free. And we must recognize that money is going to be a part of that solution.

Today's hearing will be a dialog with the leadership behind Iowa's drug efforts in order to learn how Federal funds are used in the effort to make our State drug free. And I'm very pleased that we could bring together the leadership here today, including both Republicans and Democrats. I've talked personally with the Governor, and we both agree that the war on drugs is not a partisan issue. If the people of Iowa are going to win the war on drugs, it will require the efforts of everyone working together, and that's what we are here to do.

As the chairman of the appropriations subcommittee that's charged with the responsibility for about \$14 million of the \$18 million coming to Iowa, I wanted to meet with the Governor and to get on the record his views and his thoughts. Also, the director of the Iowa Office of Drug Policy, the head of the Iowa Department of Education, and the director of the substance abuse programs for the Iowa Department of Health.

So, Governor Branstad, I know you've been very busy with your condition of the State message and getting your budget together and everything, so I'm most appreciative of you taking time from your schedule to come here today. I want to personally congratulate you for establishing the Office of Drug Policy, and everyone calls its leader the drug czar.

Governor BRANSTAD. Right.

Senator HARKIN. I don't know exactly what the real name is.

Governor BRANSTAD. Well, Mike is the only person I know has the title of general, judge, and czar. And he's an honorary judge, having been lobbyist for the Judges Association. He is a general in the Army Reserve; and now that he's got this title, which is too long and too hard to say, we just call him czar.

Senator HARKIN. That's good. I've been around the State and meeting with a lot of people, and I must tell you that I know Mr. Forrest is doing a great job. He's been around the State, and I hear very good comments about the way he's been carrying out the functions of that office.

So, again, Governor, thank you for being here. Your testimony will be made a part of the record, and please proceed as you so desire.

Governor BRANSTAD. Thank you very much. Senator Harkin, I appreciate your inviting me to be the leadoff witness for this hearing. It's a very timely hearing. It comes the day after I presented the state of the State and budget message, and I have given you a copy of the budget in brief and program. We have a specific section on substance abuse, and there's a lot of information about the State program there.

I also want to acknowledge the cooperation and assistance we've received from the legislature. I know you have two of the key people in the legislature that are involved in this process that are going to testify also. We, with their help, made substantial progress last year and intend to make additional progress in this session.

DRUG EPIDEMIC IN AMERICA

I want to compliment President Bush for using this issue to have his first televised address to the American people, and for the appointment of Bill Bennett as drug czar. Certainly, your cooperation, and that of the entire Congress, has helped provide leadership at the national level to deal with this serious problem of the drug epidemic in America.

We in Iowa are not exempt from this epidemic. Clearly, it's going to take a team effort on the part of all of us working together to make headway in ridding the Nation of this terrible mess. Iowa does have a substantial problem. There's no doubt about it.

Consider these facts. There's an estimated 200,000 Iowans who are chemically dependent. Illegal drugs are available in literally every county of this State. One cocaine baby is born every week in Iowa, and the State medical examiner sees two deaths every week from cocaine. More than 10 percent of our youth in grades 7 through 12 are in need of substance abuse treatment.

The assistant county attorney in Black Hawk County has prosecuted 20 drug cases in the last 18 months. He indicates that most have involved crack, including two dealers from Detroit, three from Minneapolis, and members of the Crips gang from Los Angeles, each claiming to be making a business trip to Waterloo.

For years, Iowans have believed that substance abuse is a problem basically of the uneducated and unemployed. However, in 1988, 48 percent of those in treatment were working on a full-time

or part-time basis, and 75 percent had completed at least 10 or more years of education.

Substance abuse is everybody's problem. It cuts across all types of social and economic strata, and it affects rural and small towns, as well as our large cities.

Now, we have taken some very firm steps in Iowa to deal with the drug abuse and alcohol abuse problem. Going way back to 1984 when the Federal Government was actually reducing funding for substance abuse, I went to the beer and liquor control commission and asked them to increase the markup on alcohol in our State liquor stores so that we could dedicate more State revenues to fight the substance abuse problem and so that there wouldn't have to be cutbacks in funding. They did, indeed, provide that additional money, and the State took over the entire responsibility, relieving that from the burden of the county property taxpayers and providing more help in terms of treatment and prevention.

Several State agencies, including the departments of public health and public safety, have been active in combating drug abuse for many years, and 2 years ago the program was intensified when we established the Governor's alliance for substance abuse in the department of public health. And then Gene Shepard, who was then commissioner of public safety, established a special division on narcotics enforcement in the department of public safety.

Last year I recommended, and the legislature approved, a number of different initiatives to address substance abuse in this State. Among these were tougher penalties for selling drugs within 1,000 feet of a school; for recruiting children to sell drugs; and for using a firearm in a drug-related crime.

We also added last year 10 new drug agents and 4 lab technicians in our division of narcotics enforcement, as well as an additional \$1 million for substance abuse treatment programs in our corrections institutions.

In 1989 we created the State drug enforcement and abuse prevention coordinator. That's Mike Forrest, and that's why it's called the drug czar when you have to go through that title. Mike is a well-respected attorney. He's got excellent credentials, and he's been working hard. The first thing Mike did is read every section of the code that had to do with substance abuse. He is a very thorough man, and this is before he even took on the job.

SAFE PROGRAM

And he's already been all over this State and has established Project SAFE. SAFE stands for substance abuse free environment, and he's introduced it in this community and every community across the State of Iowa and recruited a broad base of local leaders. SAFE is a program designed to help the communities combat alcohol and drug abuse at the local level. The basic premise behind SAFE is to bring the appropriate resources to bear on the problem and make a difference in reducing the abuse of controlled substances and alcohol in Iowa.

SAFE supports the mobilization of families, schools, law enforcement, business and labor, religious institutions, healthcare organi-

zations, and local government to work for a healthier, safer environment without drugs.

Since its inception just 6 months ago, already 19 communities have enrolled in the SAFE Program. Communities are key to substance abuse strategies. We believe that the war will be won at the local level. And I wanted to compliment Mayor Pat Dorrian here in Des Moines, who has appointed a very prestigious group of citizens who are working hard in this city.

State and Federal governments need to give the communities the tools and the flexibility to be able to do the job. And I think one of our great concerns is having enough flexibility so that the funds can go where it's needed the most at the local level.

Yesterday I outlined our substance abuse program for the next fiscal year for the State, and we have allocated an additional \$11,677,963 in funds for substance abuse initiatives.

And we are appreciative of the over \$18 million in Federal funds that you indicated have been committed to this in the State of Iowa. We are pleased with your efforts and that of other Members of the Congress, as well as the Bush administration, in giving this high priority in terms of Federal funding with the constraints that are on the Federal budget. Our State program is designed to augment those Federal funds, and our program is carefully put together to maximize the effort, with the focus on local communities.

In keeping our focus on an integrated program to make the greatest impact on the substance abuse problem here in Iowa, our budget allocates funding in three areas: Education and prevention; enforcement and prosecution; and treatment and rehabilitation. We are recommending a broad range of initiatives to address these areas, and we believe that with this emphasis and the use of Federal and State funding in a partnership basis, we can make a big difference.

DARE PROGRAM

Comprehensive education and prevention efforts must be targeted to all populations—from preschool children to older Iowans. Our recommendations include: drug policies for our schools to require every school to have a policy to deal with drugs, and this is something that we've reached agreement with the legislative leaders on; to provide trained people who are able to train local law enforcement in the DARE Program so that they don't have to go out of State to get the training and expertise they need to put the DARE Program together in local communities; a statewide clearinghouse on substance abuse information to be established at the substance abuse information center, which has already been put in place at the Cedar Rapids Library; and the department of public health prevention programs.

We must strengthen our laws to protect our citizens from those who operate motor vehicles under the influence of alcohol or drugs; and I'm recommending a 30-day hard suspension. Most States have this, and our State is losing out on Federal funds because we don't have the 30-day hard suspension. This is something we've recommended for several years, and it does have the support of the Attorney General, as well as the Governor's office. I believe, and I've

been told by Federal officials on this, that the 30-day suspension would give us uniformity and certainty in our drunk driving laws.

We're also recommending a lower per se alcohol level of 0.08, which a number of States have already gone to; and stronger penalties for people who injure others while driving drunk.

It's a tragedy when you think of what happened to a couple of young people here in Des Moines just within the past year. They were hit by a drunk driver, seriously injured; and yet it cost their father more money to fly back from Denver, where he was at a meeting, to see the children in the emergency room than it cost the person who was guilty of drunk driving to get out of jail. I'm sure that that individual was out of jail before the children were out of the hospital. This seems to be wrong, and we need to have tougher penalties.

Tougher penalties would also include expanding the legislation, which I recommended, and the legislature approved last year, for tougher penalties for selling drugs within 1,000 feet of a school, to also include public parks, and to include mandatory minimum sentences for a broad range of drug offenses.

So we have clear, certain, and strict penalties. The Federal Government has passed stiffer penalties, and we're trying to get the State law in line with those stiffer Federal penalties so there won't be any bargaining between the State and Federal courts.

Tougher penalties will result in more cases, and obviously we recognize the need to provide additional assistance through additional narcotics agents. I mentioned we added 10 last year. We're trying for 10 more narcotics agents, 4 more lab technicians, and 8 special prosecutors to help attorneys prosecute drugs; additional drug-buy money for our narcotics division; drug abuse monitoring system; and corrections expansion so that we can accommodate the people. A lot of people in prison are people that have been involved with drugs, or they are people that have substance abuse problems. And we're working with Clarinda, Rockwell City, and Mitchellville, as well as a community-based corrections system.

Providing additional money for treatment and rehabilitation is a third critical component of our strategy. In October we had 1,400 people waiting for treatment in Iowa. Our goal is to reduce that waiting list so that we can be more timely in providing support and help to those people in need of treatment.

We must also address the needs of juveniles in our institutions who have problems with substance abuse. We are recommending a special unit for treatment and rehabilitation of juveniles at our Cherokee Mental Health Institute.

Nearly 75 percent of those in Iowa's corrections facilities have substance abuse problems. I'm proposing that we expand the treatment programs that we have at Mount Pleasant, Clarinda, and Luster Heights, and that we add two new programs at Mitchellville and Rockwell City. We are also recommending programs in our community-based corrections system so that we can treat people that have substance abuse problems that are in the corrections system, where it's community based, for the problems.

This is, indeed, an ambitious program and, I guess, it's also an aggressive use of the State resources to augment what is a very substantial commitment coming from the Federal level.

I appreciate very much the emphasis that the President and the Congress are placing on this issue. We have tried very carefully to utilize and allocate those funds in coordination with our State efforts. We recognize the actions at the local level, and we want to do our part to try to help win this war against drugs.

Thank you very much, Senator.

Senator HARKIN. Governor, thank you very much for a very comprehensive statement and outline, not only our proposals, but also of the steps that Iowa has been taking recently on this war on drugs. I again want to take a closer look at the proposal next year.

I notice that in the substance abuse portion of your proposed State budget that there's an estimated increase of about \$2.5 million in the Federal Government. Are you sort of tentatively expecting an increase over the next few years?

Governor BRANSTAD. Actually, we recognize that increase as more than that. That's how much we feel fits directly into our State initiative where we can use Federal dollars.

Senator HARKIN. Governor at this point in the hearing record I would like to insert a summary of your fiscal year 1991 substance abuse initiative as included in your budget request document that was released yesterday as well as a three-part document prepared by the Iowa drug czar, Mike Forrest, that summarizes all the State substance abuse programs as funded by Federal and State dollars.

[The information follows:]

SUMMARY OF GOVERNOR'S INITIATIVES ON SUBSTANCE ABUSE

	FY 1991 TOTAL \$	*FY 1991 FED \$	FY 1991 STATE \$
Education/Prevention:			
DARE (4 state troopers)	\$ 248,092	\$ 40,000	\$ 208,092**
Statewide Clearinghouse in Substance Abuse Info. Center (SAIC) in Cedar Rapids	81,000	40,000	41,000
Prevention Programs-Public Health	1,000,000	400,000	600,000
Enforcement/Prosecution			
Narcotics Agents	788,940	300,000	488,940
Lab Technicians	111,792	80,000	31,792
Special Drug Prosecutors	250,000	150,000	100,000
Drug Buy Money	230,000	30,000	200,000
Iowa Drug Abuse Monitoring System	40,750	20,500	20,250
Corrections Expansions	6,900,000	0	6,900,000
Treatment/Rehabilitation			
Community Treatment Centers	2,000,000	1,400,000	600,000
Court Ordered Treatment Program for Juveniles - Cherokee	669,570	0	669,570
Adult Corrections Treatment Programs (Mt. Pleasant, Ft. Madison, Clarinda & Luster Hts.)	371,749	42,146	329,603
Mitchellville and Rockwell City	300,289	0	300,289
Community Based Corrections	1,457,419	60,900	1,396,519
Total:	\$14,429,351	\$2,563,546	\$11,677,963

Fiscal year 1991 is the fourth year of the four-year formula grant program in the Governor's Alliance on Substance Abuse.

* Fiscal year 1991 federal dollars are tentative dollars that may be available through grants from the Governor's Alliance on Substance Abuse and Department of Public Health, Division of Substance Abuse.

**Road Use Tax Fund

I. STATE GOVERNMENT PROGRAMS RELATED TO SUBSTANCE ABUSE ENFORCEMENT

1. ENFORCEMENT PROGRAMS - FY 1990

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/ Community Based Corrections	Abused Drug Testing	State	115,000	Monitoring of substance abuse through urine and breathalyzer testing throughout the community corrections system.
2	Public Health/ Governor's Alliance on Substance Abuse (GASA)	Drug Control and System Improvement Grant Program	Federal Drug Control and System Improvement Grant, Bureau of Justice Assistance, US Department of Justice	1,165,000 to Enforcement (1,553,000 total grant)	Distribution of funds to state and local governmental units for apprehension, prosecution, adjudication, detention, and treatment of drug offenders in accordance with the Anti-Drug Abuse Act of 1988.
3	Public Health/ Board of Pharmacy		State	559,667	Funds are utilized for the benefit of dentists, optometrists, pharmacists, physicians, podiatrists and veterinarians to increase their understanding and compliance with State and Federal Controlled Substance Acts.
4	Public Safety/ Division of Narcotics Enforcement	Narcotics Eradication	Federal, Drug Enforcement Administration	16,000	Destroy cultivated marijuana in Iowa and prosecute those who cultivate it.
5	Public Safety	Criminalistics Laboratory	15,000 Federal 1,332,263 State Funding sources: Governor's Traffic Safety Bureau and DME Omnibus Drug Grant	1,347,263	Full service criminalistics laboratory providing a variety of scientific services as well as the collection of evidence obtained by laboratory examination to county attorneys. Serves entire criminal justice system.
6	Public Safety/ Division of Narcotics Enforcement	Undercover Funds	50,000 Federal (A subgrant from the Governor's Alliance on Substance Abuse) 150,000 State	200,000	The funds are available to local and state officers to conduct undercover investigations requiring buy money or flash money to gain convictions for criminal activity.

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
7	Public Safety/Division of Narcotics Enforcement	General Operations and Special Prosecutor Task Force	182,794 Federal (Governor's Alliance) 2,115,078 State	2,297,872	Provides for the general operation of the Division of Narcotics Enforcement and the Special Prosecutor Task Force.
8	Public Safety/Division of Narcotics Enforcement	Drug Hotline - Billboard Campaign	State	50,000	
9	Public Safety/Division of Narcotics Enforcement	Drug Seeking Canine Unit	Federal-(GASA) State	6,000	
Sub-Total			1,422,794 Federal 9,117,008 State	5,515,802	
10	Inspections & Appeals/Health Facilities Division	Prospective Patient System Exclusion	Other-Title 19 intra-state pass through	10,777	Survey of twenty alcohol and drug units and 18 psychiatric units for specified criteria.
11	Inspections & Appeals/Health Facilities Division	Skilled Nursing Facilities	81,139 Federal 30,820 State 73,272 Other-Title 19 185,234 Total Project	6,516.87 Portion of total project that funds drug therapy	An annual survey and revisit of each facility. The two major functions of pharmaceutical review is observation of medication passes and drug regimen.
12	Inspections & Appeals/Health Facilities Division	Other Medicare Certified Providers/Supplies	888,884 Federal Total Project Annual	64,476.18 Portion of total project that funds drug therapy.	Survey of home health agencies and hospices. The two major functions of pharmaceutical review is review of clinical records and home visits.
13	Inspections & Appeals/Health Facilities Division	Hospital - Pharmacy	99,546 Federal 17,562 State 117,078 Total Project	1,911.39 Portion of total project that funds drug therapy	Maintenance and service payments for youth in foster care in licensed substance abuse treatment facilities. Provides temporary 24-hour care.
14	Inspections & Appeals/Health Facilities Division	Intermediate Care Facilities	1,134,197 Federal 1,921,683 Other-Title 19 3,055,880 Total Project	107,447.86 Portion of total project that funds drug therapy.	
15	Human Rights/Criminal and Juvenile Justice Planning	Data Collection and Program Evaluation	Federal (Subgrant from Governor's Alliance on Substance Abuse)	32,166.67	Provides data and analytical information to federal, state, and local governments. Assists the Governor's Alliance in data collection and evaluation of the treatment services of the state juvenile institutions.
16	Law Law Academy	OVI Program	5,200 Federal 1,895 State	7,095	Course is designed for traffic supervisors who are responsible for establishing, directing, and evaluating OVI programs.

Prog. No.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
17	Iowa Law Enforcement Academy	Juvenile Substance Abuse Conference	3,000 Federal 2,728 State	5,728	The goal of the conference is to help agencies in organization, better use of resources, and coordinating efforts in dealing with juvenile drug problems.
18	Iowa Law Enforcement Academy	Drug Enforcement Administration - Basic Drug Investigation School	State	6,669	An 80 hour drug enforcement school that provides state and local officers with the basic skills to investigate drug trafficking crimes.
19	Iowa Law Enforcement Academy	Basic Law Enforcement Training	State	2,003	Narcotics investigation is covered in a 6 hour block in the basic training classes.
20	Iowa Law Enforcement Academy	DNE - Basic Narcotics Enforcement for Patrol Officers	State	1,536	Nine field training seminars which provide local law enforcement officers with knowledge on drug trafficking and drug identification.
21	Judicial	Judicial Education and Planning			The agency has received funds in the past to send judges to a course on alcohol and drug related offenses.
22	Justice/ Prosecuting Attorney's Council	Drug Enforcement Training Project	State	100,000	Planning and coordinating legal education programs for all county attorneys and their assistants.
23	Public Defense	The Iowa Drug Enforcement Program	Federal funding source National Guard Bureau	286,000	A coordinated effort with the Division of Narcotics Enforcement in the eradication of cultivated marijuana.
Sub- Total			998,778.17 Federal 116,397.87 State 67,000.93 Other	632,126.97	
GRAND TOTAL			1,071,572.17 Federal 1,233,355.87 State 67,000.93 Other	6,177,928.97	

II. STATE GOVERNMENT PROGRAMS RELATED TO SUBSTANCE ABUSE TREATMENT

II. TREATMENT PROGRAMS - FY 1990

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/Clarinda Correctional Facility	The Other War (TOW)	50,000 Federal - A subgrant from the Governor's Alliance on Substance Abuse 30,750 State	80,750	TOW - The Other War Program's purpose is to initiate sobriety and a new lifestyle with men incarcerated in a medium security prison through comprehensive drug and alcohol treatment.
2	Corrections/Community Based Correction Districts	Intensive Supervision of Drug Offenders	State	116,070	The Fifth District provides intensive supervision of drug offenders through two probation parole officers.
3	Corrections/Community Based Correction Districts	DWI Specialized Treatment Program	State	996,893	Community corrections residential based treatment programs divert drunk drivers sentenced to prison. Programs provide 24 hour supervision and 220 hours of licensed substance abuse treatment and aftercare assistance. Approximately 120-130 offenders are served in the program at one time.
4	Corrections/Community Based Correction Districts	Treatment Alternatives to Street Crime (TASC)	130,000 Federal 425,000 State	550,000	TASC programming is currently available in the 1st, 5th, and 6th Districts where the services include assessment and appropriate treatment referral aftercare follow-up and monitoring.
5	Corrections/WI. Pleasant Correctional Facility	Treatment Center	State	519,910	Provides substance abuse programming to approximately 150 inmates. The aim of the program is to provide a highly structured institutional therapeutic community which will stress self-awareness, assess motivation and enhance interpersonal development.
6	Corrections/Riverview Release Center-Newton	Inmate Substance Abuse Treatment Program	State	16,580	Provide short term substance abuse treatment for inmate custody inmates who will voluntarily participate in individual, group and family treatment.
7	Corrections/Riverview Release Center-Newton	Intensive Inpatient Substance Abuse Treatment Program	State	929,000 (\$336,391 was for capital expansion)	Provide for an intensive thirty-day substance abuse treatment program for parole and work release violators who have identified substance abuse problems. Provide staffing and support for an additional twenty-five beds at the Center for this program.
8	Human Services/Division of Mental Health, Retardation and Developmental Disabilities	Mental Health Institutes: Cherokee, Clarinda, Independence and WI. Pleasant	993,120 Federal 2,687,910 State	2,899,530	The four mental health institutes - Cherokee, Clarinda, Independence and WI. Pleasant each have inpatient substance abuse treatment programs. They have a total of 151 beds, with Cherokee expecting to open an additional 20 beds.

Proj. #.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
9	Human Services	Foster Care	Federal & State	1,277,247.60	Maintenance and service payments for youth in foster care in licensed substance abuse treatment facilities. Temporary 24 hour care.
10	Human Services	Elders-Toledo Juvenile Institutions	206,365 Federal 68,788.33 State	275,153.33	Substance abuse treatment for adjudicated juvenile populations. (Delinquent and CINA)
11	Human Services	Juvenile Justice Court-Based Reimbursement Program	State	906,384 (Fiscal Year 1989)	Provides reimbursement to counties for court ordered substance abuse treatment and care and drug testing.
12	Public Health/ Division of Substance Abuse	Administration	State	707,785 (Estimated figure)	Contracting and monitoring with local substance abuse programs, providing technical assistance, and licensing of substance abuse treatment programs.
13	Public Health/ Division of Substance Abuse	Substance Abuse Program Grants	9,051,696 Federal 8,398,588 State Federal funding sources: ADAMHA U.S. Department of Education	10,261,174 to Treatment 12,400,284 Total Project	Provides treatment, prevention, education, public information, referral, crisis intervention, and aftercare services to substance abusers and affected members in the state. (87% Treatment) (13% Prevention and Education)
14	Public Health/ Governor's Alliance on Substance Abuse	Drug Control and System Improvement	Federal Drug Control and System Improvement Grant, Bureau of Justice Assistance, US Department of Justice	338,000 to Treatment 1,553,000 Total Grant	Distribution of funds to state and local governmental units for apprehension, prosecution, adjudication, detention, and treatment of drug offenders in accordance with the Anti-Drug Abuse Act of 1988.
Sub-Total			5,677,004.00 Federal 14,831,232.13 State	18,138,926.93	
15	Regents/ University of Iowa	Chemical Dependence Center, Outdale	810,231 State 1,287,200 Other	2,097,431	The Outdale Chemical Drug Center is an organizational unit within the University of Iowa Hospitals and Clinics responsible for providing counseling and treatment to patients with substance abuse problems, services offered include detoxification, evaluation, treatment and rehabilitation.
Sub-Total			810,231 State 1,287,200 Other	2,097,431	
GRAND TOTAL			5,677,004.00 Federal 15,641,963.13 State 1,287,200 Other	20,236,357.93	

III. STATE GOVERNMENT PROGRAMS RELATED TO SUBSTANCE ABUSE PREVENTION AND EDUCATION

III. PREVENTION AND EDUCATION - FY 1990

Prog. #	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
1	Corrections/Iowa Correctional Institute for Women, Mitchellville	Enhancement of Women Program	Other - Funding source is a grant from the National Council on Alcoholism	38,321	The Enhancement of Women Program is to provide an intensive substance abuse prevention program for the residents of the Iowa Correctional Institute for Women (ICIW) to promote positive attitudes and behavior for maintaining healthy lifestyles free of alcohol and drug problems.
2	Corrections/Iowa State Men's Reformatory, Ames	Inmate Substance Abuse Counseling	State	47,369	Substance abuse education, group, and individual counseling for the Reformatory inmate population, so that inmates will be more likely to control or reduce future substance abuse problems.
3	Corrections/Iowa State Men's Reformatory, Lester Heights Facility, Harpers Ferry	Lester Heights Substance Abuse Program	7,715 Federal - Subgrant from Governor's Alliance on Substance Abuse 30,332 State	38,047	Lester Heights Facility Substance Abuse Program provides structured counseling and education programs for up to 10 inmates, consisting of 120 hours per inmate.
4	Corrections/Iowa State Penitentiary, Ft. Madison	Drug Education Program	18,000 Federal (CASA) 6,000 State	24,000	Drug education, group counseling and individual counseling provided to incarcerated felons.
5	Corrections/Iowa Medical and Classification Center, Oakdale	Alcoholics Anonymous			An Alcoholics Anonymous self-help group provides a source of peer support for combating alcoholism and alcohol abuse.
6	Corrections/North Central Correctional Facility, Rockwell City	Substance Abuse Support			The institution sponsors weekly Alcoholics Anonymous, AA Big Book and Narcotics Anonymous meetings. The Area Substance Abuse Unit of Carroll provides three hours per week of counseling service to the facility as a public service.
7	Education	Drug-Free Schools and Communities	Federal	2,251,771	To assist schools and communities to reduce incidence and prevalence of substance abuse. The program includes the development and expansion of prevention and intervention programs for students in K-12, a comprehensive school program for parents of students, and community and school collaborations for school personnel.
8	Education	Home Growth and Development	State (1989 Funding)	44,000	Provide youth service education programs. Centers located in or near schools to increase the potential of service agencies to deliver At-Risk services in a coordinated manner with education.

Prog. #	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
9	Human Services/ Iowa Veterans Home	Substance Abuse Counseling; Alcoholism Pre- vention and Programing	12,490 Federal 37,115 State 21,361 Other - Resi- dential Support Parents	70,966	Substance abuse programing includes evaluations/assessment, intervention, referral, preven- tion and substance abuse treat- ment. The Iowa Veterans Home provides long-term health care services for Iowa's aged, chronically ill, dependent/ surviving spouses.
10	Public Health	High-Risk Youth Program	482,400 Federal - US Department of Education 47,340 State	529,740	Distribution of funds to local agencies, parent and community groups for substance abuse pre- vention, intervention, and aftercare services to youth which adhere to the federal definition of high risk.
11	Public Health	Substance Abuse Program Grants	4,051,696 Federal - ADAMHA and US Department of Education 8,340,588 State	1,533,270 in Prevention 12,400,284 Total Project	Provides treatment, prevention, education, public information, referral, crisis intervention, and aftercare services to substance abusers and affected family members in the state. (87% - Treatment) (13% - Prevention and Education)
Sub- Total			6,824,072 Federal 8,560,794 State 59,682 Other	4,539,171	
12	Human Rights/ Commission on Children, Youth, and Families	Juvenile Justice Detection and Prevention Act Grant Program	Federal (Juvenile Justice Detection and Prevention Act)	484,000	Administration of the Juvenile Justice Detection and Prevention grant program which is involved in substance abuse treatment and prevention. The Commission also sponsors the Governor's Youth Conference in which workshops and speakers address issues such as substance abuse.
13	Iowa Law Enforcement Academy	D.A.R.E. (Drug Abuse Resistance Education)	State	4,387	Drug Abuse Resistance Education is a substance use prevention ed- ucation program presented in schools by law enforcement. It is designed to equip elementary school children with skills for resisting peer pressure to experiment with drugs.
14	Personnel/ General Operations	Iowa Employee Assistance Program	Other - Costs charged to other state departments.	175,000	The Iowa Employee Assistance Program (IEAP) provides assess- ment, short-term counseling and referral to appropriate community agencies.
15	Personnel/ General Operations	Drug-Free Work Place Program	State	Funding obtained from other state departments.	The Drug-Free Work Place initiative includes providing educational sessions for employees regarding substance abuse and the Drug-Free Work Place Act of 1988.

Prog. No.	Department/Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
16	Public Defense/ Iowa Army National Guard	Drug Abuse Prevention and Control Program	Federal (National Guard Bureau)	95,000	This program is designed to deter soldiers in the Iowa Army National Guard from using illegal drugs through a mandatory drug testing program effective January 1, 1989. Soldiers testing positive are counseled and offered rehabilitation/treatment. Health care professionals are also providing drug abuse awareness and prevention briefings on a routine basis. There is also an Employee Assistance Program for all full-time federal civil service employees.
17	Regents/ Iowa State University	Student Affairs	98,017 Federal - Drug Free Schools Grant Program 139,381 Other - Student Fees	187,398	The substance abuse efforts are integrated into several departments within student affairs. The Dean of Students Office provides substance abuse programming, chemical dependency services are part of the continuum of services offered by the Student Counseling Center, and the Department of Residence has alcohol programming staff available throughout the academic year.
18	Regents/ Iowa State University	Employee Assistance Program	Other	56,967	Information and referrals for employees of Iowa State University. 1988-89 EAP indicators included 11 presentations for 429 persons and 99 clients seeking assistance.
19	Regents/ University of Iowa	Student Health Service - Health Iowa	50,990 Federal - FIPSE 95,939 Other - Student Fees	95,929	Health Iowa, the educational branch of Student Health Service, conducts the student substance assistance program and coordinates campus-wide health promotion activities.
20	Regents/ University of Iowa	Student Health Service - University Counseling Service	Other - Student Fees	15,000	Staff time expended by the University Counseling Service in the area of substance abuse education and counseling.
21	Regents/ University of Northern Iowa	Student Health Services			Student services provides assistance and support in the area of substance abuse services and counseling.
22	Regents/ Iowa Braille and Sight Savvy School	Curriculum and Health Education Program			Education programs impacting students' awareness of substance abuse are part of the curriculum in both the elementary and secondary programs. Particular attention to the area of substance abuse is given in the Health Education Program.

Prog.	Department/ Division	Program Title	Federal/State Dollars	Total Dollars	Brief Description
23	Deafness/ Town School for Deaf	Substance Abuse Education			A K-12 substance abuse education program, in-service training for staff regarding substance abuse, and an Employee Assistance Program.
Sub- Total			627,507 Federal 9,387 State 991,969 Other	1,659,299	
GRAND TOTAL			7,451,579 Federal 8,565,131 State 551,151 Other	5,598,965	

SUBSTANCE ABUSE PROGRAMS

	Total Dollars (Federal, State, and Other)
Enforcement	6,425,417.97
Treatment	20,236,417.97
Prevention and Education	<u>5,598,465.00</u>
GRAND TOTALS	32,260,300.94

NOTE:

Information contained in the substance abuse charts in Sections I., II., and III. was obtained from departmental responses in the latter half of 1989. The Office regrets any omissions or errors. For further information concerning a particular program, it is suggested that the individual department be contacted.

Some program dollar totals and federal and state distribution totals include funding for the entire program, of which a smaller portion is for substance abuse. The inability to determine the exact amount allocated for substance abuse means that any total dollar figure may not be fully accurate.

Some programs are funded by federal grant money received by a separate state department. While the funds are listed under each department, these particular funds are only included once in the total dollar figure.

FISCAL YEAR 1991 STATE PLAN

Senator HARKIN. I see that your fiscal year 1991 State plan totals \$14.4 million and \$2.6 million of that comes from Federal funds.

Governor BRANSTAD. Yes; but because there's not a lot of flexibility in the program, the rest of the money is pretty well directed in specific ways. So we feel that this much of the Federal dollars can fit into the State initiative.

And, again, I would point out that our State initiative is also directed toward the local communities. That's where the real focus needs to be, and we need to give as much flexibility as possible to the local people as well. But any more flexibility that can be provided from the Federal level, I think the better off we are. We also find that in the past, the rural States, like Iowa, have not gotten their fair share. It's primarily gone to the urban areas. So the more flexibility that can be given and the more latitude that can be given to provide the help across the board to the rural areas, as well as to the urban areas, would be appreciated.

Senator HARKIN. Well, we're trying to. Last year I introduced legislation to get rid of that unfair urban consideration that is given to the distribution of those funds. We were successful in the Senate. We got bogged down in the House, but we'll try it again this year. I intend to introduce it again as soon as we get back in session. It comes through the authorizing committee, on which I sit in the Senate. As I said, we just had some problems in the House last year, but we'll try it again and see if we can do it.

Again, the type of help that will be coming from the Federal Government are basically the alcohol and drug abuse block grants, the drug-free schools moneys, and the law enforcement block grant. There is a new item coming into Iowa this year because of the \$3.2 billion package that we passed in the fall.

I mentioned in my statement, I think, of the \$218,000 for the waiting lists. There's \$218,000 to reduce the waiting lists for the treatment centers. You mentioned in your statement about 200,000 people that were in need of help. Our figures showed about 180,000—so we're in the same ballpark. Yet, State-funded, community-based centers handled only 27,500 individuals in 1989. Private facilities handled another 3,000 to 5,000 individuals.

The Iowa Department of Public Health estimated the economic impact of substance abuse in Iowa is over \$700 million a year. Again, I'm wondering about that \$218,000 coming in and how that's going to be used. Maybe I'd better direct that question to Janet Zwick when she testifies.

Governor BRANSTAD. I think Janet can probably—she's in charge of that substance abuse division of the department of public health and oversees that money, but that will be helpful.

Obviously, \$214,000 is not a great deal of money when you look at the size of the problem. But we are looking at additional State dollars there as well; and I mentioned going back to 1984 when I went to the beer and liquor control commission and got them to increase the markup of liquor in the State liquor stores. In fact, we could augment or we could replace some Federal funds that were, at that time, being cut in this area.

So the State has, for a long time, recognized a real need here in both treatment and prevention. And we are putting more State dollars in, and we're appreciative of whatever additional Federal dollars that we might be able to receive in that area as well, because we still have a backlog, and we still have many, many people that are critically in need of treatment.

Obviously, we have a large number of people that have a problem, and you have to convince a lot of those people that they need to deal with the problem, and that is something that's a challenge as well. But the ones that are ready, that recognize they have a problem, that are seeking treatment, we need to have treatment there to help them.

Senator HARKIN. Two final things, Governor. Of the money that comes for drug-free schools, that's about \$4.8 million this year coming into Iowa. By formula about 30 percent of that goes to the Governor's office. It's my understanding in your office that you are using this portion of the funds, 30 percent of the \$4.8 million, to supplement efforts in all 99 counties for the community-based organizations.

Governor BRANSTAD. That's right.

Senator HARKIN. Can you tell me a little bit more about that?

Governor BRANSTAD. Well, Janet will probably go into a little more detail on that, but we're very excited about that because we're able to provide assistance directly to community organizations. And we have a lot of groups, starting back when we put some additional State money back in the eighties on groups, student groups, community groups that have been organized to do something about the drug problem we have at the local level.

Some of these groups operate on a shoestring, and this provides a little more money to them to get started. We work a lot with volunteers and resources right at the community level. But this funding makes it possible for us to be able to reach out to all parts of the State and provide some legal help.

Frankly, what I found is the most effective is the reverse of the negative peer pressure to positive peer pressure. I, for instance, attended an assembly that they had at Chariton High School where the student council was taking the lead in promoting a substance abuse-free environment. And the students had signed pledge cards saying that they weren't going to use alcohol or controlled substances. And this kind of positive peer pressure and involvement of community people in the schools is, I think, very effective, and the more flexibility we can have in those kinds of things, the better.

You and I talked a little before the hearing about the need to help with the DARE Program they wanted to start down in Mount Pleasant. This is an example of the kinds of things that we can do in that particular area. I think we can because it involves law enforcement. But we would like to have enough flexibility to be able to use the DARE Program. It is an excellent example of law enforcement and education working together. The more flexibility we can have to assist in those kinds of programs, I think the more effective we can be at the local level.

Senator HARKIN. I've learned that we can't use money to drug-free schools for that program. You would make a way to use that?

Governor BRANSTAD. Absolutely. Our biggest problem—and Janet is more familiar with the details of this—is the formulas oftentimes will hamstring things in such a way that, as you can see, we're only able to, in terms of our State initiative, to use a portion, a relatively small portion of the Federal dollars that are coming into the State. And we are augmenting that with a substantial amount of State-committed support as well. But we really want to be as effective as we can be.

I don't think either Washington or Des Moines knows exactly what's most effective in an individual community, and if we can have enough flexibility to provide to meet their needs on a local basis. And one community may decide to use the DARE Program. Another community may decide they don't want law enforcement coming into the school. They have another approach they can use more effectively.

Senator HARKIN. Perhaps we can. There's \$4.8 million that comes into Iowa from the law enforcement formula grants, and I guess that could be used for the DARE Program.

Governor BRANSTAD. That goes directly to drug enforcement programs in dealing with the problem. I would also point out, we do have an effective school forfeiture law. And we have a strong State forfeiture law, and that's also a Federal law—forfeiture—where we can seize people dealing drugs or profits that they have made in drugs, and that money goes into local law enforcement, into fighting the drug war. So that's a very effective tool. We really utilize it. Law enforcement tells us that's one of the most effective tools we have.

Senator HARKIN. I'm appreciative of your time. Do you have a plan? One of things I've seen as I go around in Iowa is the need for every elementary school in the State of Iowa to have a drug education program in the grade school. Is there a plan to get that in every school in the State of Iowa?

Governor BRANSTAD. Yes; that was agreed upon with the legislative meeting that we had, that as a State, we would require every school district to have a clear statement of public policy and sanctions dealing with drugs. Prohibit unlawful possession, use, or distribution by students or employees on school property or in conjunction with school activities. Provide information about available drug and alcohol counseling and rehabilitation programs; and to require a statement of compliance to the State department of education for K through 12, and the college aid commission for higher education.

So we intend to have a requirement and, here again, this would have to be submitted into the State so that every school would show they did have a policy in place. We're not saying exactly that it has to be the same in every school.

Senator HARKIN. But it's an ongoing education program?

Governor BRANSTAD. Absolutely. That's also part of the curriculum. Dr. Lepley, I think, can address that, but that's part of the curriculum requirements that we have dealing with the health curriculum in the schools.

Senator HARKIN. So when I battle for what we would call our 302(b) allocations in our subcommittee, I think of Iowa. Where would you want the biggest increase in funds? Drug-free schools, or

the alcohol, drug abuse, and mental health block grant for treatment and prevention, or law enforcement? Those are the three things we battled for.

Governor BRANSTAD. They're all three in our program.

Senator HARKIN. I know that. But I'm saying when we battled on these things to get the funds, we did pretty well for education and treatment. We got \$14 million out of the \$18 million. Is this the right balance?

Governor BRANSTAD. I think it's pretty good. I think the balance is pretty good, and what we've tried to do is augment with State funds where we think there is a deficiency.

So what we've tried to do is, we've looked at what the Federal funds are coming in. The most important thing would be to try to maintain enough flexibility in those programs so, indeed, we could use all the money, and we can use it in the most effective way possible. I think it's just not possible to be able to make a hard and fast rule that will apply to every school district or every community. And that's why if enough flexibility is given, I think the money can be more effectively used. But I think generally the right priorities have been set. And we need to continue the coordination and working together.

I appreciate the opportunity to share with you what the State is doing. We're appreciative of the Federal support we're receiving, and we're very proud of the activities at the local level, which is really making a lot of difference in communities across the State.

Senator HARKIN. Thank you, Governor. And I'm appreciative of the efforts taking place here in Iowa. I really believe that we can really turn the tide on drugs in Iowa. We can really turn it around in this State. We aren't as bad as other States in terms of the drug problem. I feel if we get education going along with treatment and rehabilitation, along with the law enforcement, I think we can really make Iowa sort of a unique State in the 50 States in terms of turning back the drug problem.

I also would just say that I think you can look forward to more money from the Federal Government next year. We have the peace dividend coming. With the increased focus on the war on drugs, there's going to be more money.

Governor BRANSTAD. Well, we appreciate lower interest rates. Thank you.

Senator HARKIN. Thank you, Governor.

[The statement follows:]

STATEMENT OF TERRY E. BRANSTAD

* SENATOR HARKIN, THANK YOU. I'M PLEASED TO ADDRESS THIS SUBCOMMITTEE ON THE ISSUE OF SUBSTANCE ABUSE IN IOWA.

* I WANT TO COMPLIMENT PRESIDENT BUSH, SECRETARY BENNETT AND THE CONGRESS FOR PROVIDING LEADERSHIP TO COMBAT THE SERIOUS DRUG PROBLEM IN OUR COUNTRY.

* CLEARLY, WE'RE ALL GOING TO HAVE TO BE PART OF THE TEAM, IF WE ARE GOING TO MAKE HEADWAY IN RIDDING OUR NATION OF THE TERRIBLE DRUG MENACE.

* DOES IOWA HAVE A SUBSTANCE ABUSE PROBLEM? WITHOUT A DOUBT, YES. CONSIDER SOME FACTS.

- AN ESTIMATED 200,000 IOWANS ARE CHEMICALLY DEPENDENT.
- ILLEGAL DRUGS ARE AVAILABLE IN EVERY COUNTY IN IOWA.
- ONE COCAINE BABY IS BORN EVERY WEEK IN IOWA AND THE STATE MEDICAL EXAMINER SEES TWO DEATHS EVERY WEEK FROM COCAINE.
- MORE THAN 10 PERCENT OF YOUTHS IN GRADES 7 THROUGH 12 ARE IN NEED OF SUBSTANCE ABUSE TREATMENT.

* THE ASSISTANT COUNTY ATTORNEY IN BLACK HAWK COUNTY HAS PROSECUTED 20 DRUG CASES IN THE LAST 18 MONTHS. HE INDICATES THAT MOST HAVE INVOLVED CRACK AND INCLUDED TWO DEALERS FROM DETROIT, THREE FROM MINNEAPOLIS AND A MEMBER OF THE CRIPS GANG FROM LOS ANGELES. EACH CLAIMED TO BE MAKING A "BUSINESS TRIP" TO WATERLOO.

* FOR YEARS, IOWANS HAVE BELIEVED THAT SUBSTANCE ABUSE IS A PROBLEM OF THE UNEMPLOYED AND UNEDUCATED. HOWEVER, IN 1988, 48 PERCENT OF THOSE IN TREATMENT WERE WORKING ON A FULL OR

PART-TIME BASIS AND 75 PERCENT HAD COMPLETED 10 OR MORE YEARS OF EDUCATION.

* CLEARLY, SUBSTANCE ABUSE IS EVERYBODY'S PROBLEM.

* WE HAVE TAKEN FIRM STEPS IN IOWA TO DEAL WITH DRUG AND ALCOHOL ABUSE.

* IN 1984, WHEN WE HAD A CUT IN FEDERAL FUNDING, I WAS ABLE TO CONVINCE THE BEER AND LIQUOR CONTROL COMMISSION TO INCREASE THE MARK-UP ON ALCOHOLIC BEVERAGES IN STATE STORES AND WE DEDICATED THE EXTRA REVENUES TO FIGHT SUBSTANCE ABUSE.

* SEVERAL STATE AGENCIES IN IOWA, INCLUDING THE DEPARTMENTS OF PUBLIC HEALTH AND PUBLIC SAFETY, HAVE BEEN ACTIVE IN COMBATTING SUBSTANCE ABUSE OVER THE PAST FEW YEARS.

* TWO YEARS AGO, THE PROGRAM INTENSIFIED WITH THE ESTABLISHMENT OF THE GOVERNOR'S ALLIANCE FOR SUBSTANCE ABUSE IN THE DEPARTMENT OF PUBLIC HEALTH, AND THE DIVISION OF NARCOTICS ENFORCEMENT IN THE DEPARTMENT OF PUBLIC SAFETY.

* LAST YEAR, I RECOMMENDED AND THE LEGISLATURE PASSED A NUMBER OF INITIATIVES TO ADDRESS SUBSTANCE ABUSE IN IOWA. AMONG THESE WERE TOUGHER PENALTIES FOR:

- SELLING DRUGS WITHIN 1,000 FEET OF A SCHOOL.
- RECRUITING CHILDREN TO SELL DRUGS.
- USING A FIREARM IN A DRUG RELATED CRIME.

* WE ALSO ADDED 10 NEW DRUG AGENTS AND FOUR LAB TECHNICIANS IN THE DIVISION OF NARCOTICS ENFORCEMENT, AS WELL AS AN ADDITIONAL \$1 MILLION FOR SUBSTANCE ABUSE TREATMENT PROGRAMS FOR IOWA'S CORRECTIONAL POPULATION.

* IN 1989, WE CREATED THE OFFICE OF THE STATE DRUG ENFORCEMENT AND ABUSE PREVENTION COORDINATOR TO COORDINATE ALL OF OUR SUBSTANCE ABUSE EFFORTS THROUGHOUT STATE GOVERNMENT.

* I APPOINTED MIKE FORREST TO HEAD THAT OFFICE AND BECOME IOWA'S DRUG POLICY COORDINATOR.

O MIKE IS WELL-RESPECTED AND HAS EXCELLENT CREDENTIALS TO SERVE IN THIS POST. HE IS AN ATTORNEY AND A GENERAL IN THE U.S. ARMY RESERVE.

* MIKE HAS ESTABLISHED PROJECT SAFE (SUBSTANCE ABUSE FREE ENVIRONMENT) AND INTRODUCED IT IN COMMUNITIES ACROSS IOWA.

* SAFE IS A PROGRAM DESIGNED TO HELP COMMUNITIES COMBAT ALCOHOL AND DRUG ABUSE AT THE LOCAL LEVEL. THE BASIC PREMISE BEHIND SAFE IS THAT BRINGING ALL APPROPRIATE RESOURCES TO BEAR ON ALCOHOL AND DRUG USE WILL MAKE A DIFFERENCE IN OUR EFFORTS TO REDUCE SUBSTANCE ABUSE IN IOWA.

* SAFE SUPPORTS THE MOBILIZATION OF FAMILIES, SCHOOLS, LAW ENFORCEMENT, BUSINESS AND LABOR, RELIGIOUS INSTITUTIONS, HEALTH CARE ORGANIZATIONS, AND LOCAL GOVERNMENT TO WORK TOWARD A HEALTHIER, SAFER ENVIRONMENT -- ONE WITHOUT DRUGS.

* SINCE ITS INCEPTION SIX MONTHS AGO, 19 COMMUNITIES HAVE ALREADY ENROLLED IN THE SAFE PROGRAM.

* COMMUNITIES ARE KEY TO OUR SUBSTANCE ABUSE STRATEGY. WE BELIEVE THE WAR WILL BE WON AT THE LOCAL LEVEL.

* STATE AND FEDERAL GOVERNMENTS NEED TO GIVE OUR COMMUNITIES THE TOOLS AND THE FLEXIBILITY WITH FUNDS TO DO THE JOB.

* YESTERDAY I OUTLINED OUR SUBSTANCE ABUSE PROGRAM FOR FISCAL YEAR 1991. I HAVE ALLOCATED \$11,677,963 IN ADDITIONAL STATE FUNDS FOR SUBSTANCE ABUSE INITIATIVES.

* WE UNDERSTAND THAT ABOUT \$17.5 MILLION IN FEDERAL FUNDS HAVE BEEN COMMITTED FOR SUBSTANCE ABUSE INITIATIVES IN IOWA. WE ARE PLEASED WITH YOUR EFFORTS AND I BELIEVE A FEDERAL/STATE PARTNERSHIP IS ESSENTIAL TO BE SUCCESSFUL. OUR STATE PROGRAM IS DESIGNED TO AUGMENT THE FEDERAL FUNDS AND OUR PROGRAM WAS CAREFULLY PUT TOGETHER TO MAXIMIZE THE EFFORT WITH THE FOCUS ON LOCAL COMMUNITIES.

* IN KEEPING WITH OUR FOCUS ON AN INTEGRATED PROGRAM TO MAKE THE GREATEST IMPACT ON THE SUBSTANCE ABUSE PROBLEM IN IOWA, OUR BUDGET IS ALLOCATED IN THREE AREAS:

- EDUCATION AND PREVENTION.
- ENFORCEMENT AND PROSECUTION.
- TREATMENT AND REHABILITATION.

* WE ARE RECOMMENDING A BROAD RANGE OF INITIATIVES TO ADDRESS NEEDS IN THESE AREAS AND THE SUCCESS OF THESE WILL DEPEND ON OUR STATE/FEDERAL FUNDING PARTNERSHIP.

* COMPREHENSIVE EDUCATION AND PREVENTION EFFORTS MUST BE TARGETED TO ALL POPULATIONS, FROM PRE-SCHOOL TO OLDER IOWANS. OUR RECOMMENDATIONS INCLUDE:

- DRUG POLICIES FOR OUR SCHOOLS.
- D.A.R.E. TRAINERS.
- STATEWIDE CLEARINGHOUSE ON SUBSTANCE ABUSE INFORMATION AT THE SUBSTANCE ABUSE INFORMATION CENTER IN CEDAR RAPIDS LIBRARY.
- DEPARTMENT OF PUBLIC HEALTH PREVENTION PROGRAMS.

* WE MUST STRENGTHEN OUR LAWS TO PROTECT OUR CITIZENS FROM THOSE WHO OPERATE MOTOR VEHICLES UNDER THE INFLUENCE OF ALCOHOL OR DRUGS. PENALTIES TO INCLUDE:

- 30-DAY HARD SUSPENSION.
- LOWERING "PER SE" BLOOD ALCOHOL LEVEL TO .08.
- STRONGER PENALTIES FOR INJURIES CAUSED BY DRUNK DRIVERS.

AND, TOUGHER PENALTIES FOR DRUG OFFENSES TO INCLUDE:

- EXPANDING SCHOOL ZONE LAW TO PUBLIC PARKS.
- MANDATORY MINIMUM SENTENCING/BROADER RANGE OF DRUG OFFENSES.

* TOUGHER PENALTIES WILL RESULT IN MORE CASES AND WE WILL NEED TO ACCOMMODATE THESE WITH:

- 10 NARCOTICS AGENTS.
- 4 LAB TECHNICIANS.
- 8 SPECIAL PROSECUTORS.
- DRUG BUY MONEY.
- DRUG ABUSE MONITORING SYSTEM.
- CORRECTIONS EXPANSIONS AT CLARINDA, ROCKWELL CITY, MITCHELLVILLE AND CBC'S.

* TREATMENT AND REHABILITATION IS THE THIRD CRITICAL COMPONENT TO OUR SUBSTANCE ABUSE STRATEGY. IN OCTOBER, WE HAD 1,400 PEOPLE WAITING TO ENTER TREATMENT PROGRAMS IN IOWA. OUR GOAL IS TO REDUCE THIS WAITING LIST AND PROVIDE MORE TIMELY HELP AND SUPPORT TO IOWANS.

* WE MUST ALSO ADDRESS THE NEEDS OF JUVENILES IN OUR INSTITUTIONS WHO SPECIFICALLY HAVE PROBLEMS WITH SUBSTANCE ABUSE. WE ARE RECOMMENDING A SPECIAL UNIT FOR TREATMENT AND REHABILITATION OF JUVENILES AT OUR CHEROKEE MENTAL HEALTH INSTITUTE.

* NEARLY 75 PERCENT OF THOSE IN IOWA'S CORRECTIONS FACILITIES HAVE SUBSTANCE ABUSE PROBLEMS. I'M PROPOSING EXPANDED TREATMENT PROGRAMS AT MT. PLEASANT, FORT MADISON, CLARINDA AND LUSTER HEIGHTS, WITH TWO NEW PROGRAMS AT MITCHELLVILLE AND ROCKWELL CITY. WE ARE ALSO RECOMMENDING PROGRAMS IN COMMUNITY BASED CORRECTIONS.

* THIS IS, INDEED, AN AMBITIOUS PROGRAM, BUT ONE WE ARE CONFIDENT WE CAN ACCOMPLISH THROUGH THE FEDERAL/STATE PARTNERSHIP, WITH A FIRM COMMITMENT AT THE COMMUNITY LEVEL.

NOW I'D BE HAPPY TO ANSWER YOUR QUESTIONS.

STATEMENTS OF:

TOM MANN, STATE SENATOR, DES MOINES, IA

WAYNE MCKINNEY, STATE REPRESENTATIVE, WAUKEE, IA

Senator HARKIN. Now I'd like to welcome State Senator Tom Mann and State Representative Wayne McKinney to our hearing. Mr. Mann and Mr. McKinney have served as co-chairs on the State legislature's drug abuse prevention and drug enforcement task force. I understand the task force report has been completed, and I look forward to reading these recommendations. These recommendations, I understand, would go to the executive branch as well as the standing committees of the legislature, and then the task force goes out of business, I guess.

In introducing you both, first, Senator Tom Mann has served in the senate since 1983. Prior to his service in the senate, he served 5 years as assistant attorney general. He is the first black senator ever to be elected in the State of Iowa. He served as executive director of the civil rights division for 3 years, and is now president pro tem of the senate. He's vice-chair of the judiciary committee, and he serves on the committees of business and labor, commerce, and appropriations.

Representative Wayne McKinney served Dallas County since elected to office in 1986. He served as Assistant Polk County Attorney for about 2 years, and he served on the agriculture, appropriations, and ethics committees, and he's vice-chair of the judiciary and law enforcement committee and belongs to a number of law enforcement associations.

So I just want to compliment both of you. I think you've both done a great public service in co-chairing this task force, bringing these recommendations forward. So, again, my compliments to you both for a longstanding interest, not only interest in the area of the war on drugs, but actually doing the work that's needed to really focus on this and to make sure that we get the necessary funds, ammunition to win the war on drugs. So I thank you as a fellow

Iowan and as a citizen of this State. I want to thank you as a senator, and I want to thank you as a fellow public servant.

Senator Mann, I just recognize you first, and please proceed as you so desire.

Senator MANN. Thank you, Senator Harkin. I'd like to express appreciation to you for holding these hearings relative to a comprehensive national policy regarding drug abuse, and particularly for holding them here in Iowa so that people back home here can have a chance to see what you and others in the Congress are doing to work on what has come to be a national scourge.

There are, of course, many urgent problems facing the State and the Nation today, but substance abuse, and particularly drug abuse, are as urgent as any. In a short period of a few years, the use of addictive drugs, and particularly crack cocaine and other controlled substances, has reached epidemic proportions. It has devastated many communities, and has turned many cities in this Nation into war zones between gangs, ruined hundreds of thousands of lives, and threatened to overwhelm the Nation's social welfare and criminal justice systems.

The social costs of this epidemic are incalculable. Individuals and families are ruined. Babies are born hooked on cocaine. Women sell their bodies to raise money to buy drugs, and in the process, spread communicable diseases. Addicts rob and steal to support their habits, and kids are recruited to sell drugs. And the criminal justice system and the social welfare systems are overburdened trying to deal with the resulting broken lives.

This problem affects every class and race. Users and dealers are found in corporate offices, as well as in the deteriorated inner-city neighborhoods of every community. It is truly a national problem.

In my estimation, there will be no quick fix to the problem, as I believe that it did not occur in a short span of years but has been growing. But I'm greatly pleased to see that the Congress is acting to find a solution and that your committee is making a serious effort to ascertain how the Nation, the State, and local governmental units may work together to effectively combat this menace.

Last summer I co-chaired with Representative Wayne McKinney a legislative study committee on the subject of drug abuse prevention. And during the several sessions in which we received testimony from public officials, from treatment specialists, from law enforcement personnel, and others concerned about the drug abuse problem, it became clear that virtually all agree that the drug abuse problem is sufficiently large enough that a war on drugs should be declared. Virtually all emphasized interdiction, prosecution, incarceration, and demand-reduction as major strategies to combat this problem.

I agree that these are important strategies for combating the problem. Accordingly, I endorse and recommend that your committee support new laws to improve and enhance interdiction and law enforcement efforts. While, in large part, this will mean increasing the funding for law enforcement efforts, for drug agents, more prosecutors, and more judges, it may also mean strengthening criminal laws, including those related to the recruitment and the use of juveniles to sell drugs. It is viciously outrageous that drug

traffickers are able to prey on the young and the vulnerable as they pursue their criminal enterprises.

While I recommend that increased funding be had for law enforcement, I strongly caution that suggestions on the use of the military in this war against drugs, inclusive of the National Guard, be tempered, and that we all recognize the longstanding tradition in this Nation that civil matters are best left to civilian authorities.

This tradition and, indeed, this legal standard, was not established by accident, but rather grew out of a recognition that democratic institutions cannot survive simultaneously where a national law thrives. Our two 200-year-old democracy has not survived by accident, but rather because important and fundamental principles of government have been pursued in practice, as well as in theory, and because deviations from theory have been timely corrected.

Further, with respect to law enforcement, I strongly urge that we not throw the baby out with the water. During his visits to Iowa—and I concur with you, Senator Harkin, that the need for the war on drugs, and the war on drugs as it's being pursued, doesn't have to be partisan and shouldn't be partisan. But I relate to drug czar William Bennett's comments, because he was the one that made them. During his visit to Iowa, drug czar William Bennett's justification of certain police excesses were on the grounds that the civil liberties of citizens are denied every day because of drug traffickers.

While it may be true that certain rights of the people are abused and denied by people who sell drugs, such abuses cannot justify illegal conduct by police officers. If the results of the drug war will be a Constitution riddled with holes and loopholes, devoid of protection of civil rights and liberties, then perhaps the drug war is a war which should not be fought. The cure may be worse than the illness.

Second, as our legislative study committee has recommended to the legislature, drug abuse treatment programs must be expanded. Additional funding for the expansion of existing treatment facilities and the construction of new facilities is needed. Our committee learned that there is a 4- to 6-week waiting period for adults seeking treatment in Iowa, and 6 to 8 weeks for juveniles seeking treatment in Iowa. It seems clear many of those people will be worse off after the wait, and the wait alone will deter many from obtaining necessary treatment.

Funding for outreach services at existing centers and substance abuse information and referral assistance is required. Posttreatment and aftercare services are required, and a national health insurance program which provides coverage for substance abuse treatment is recommended.

As previously indicated, interdiction and treatment alone will not be successful. Demand-reduction is equally as important. A variety of drug abuse prevention efforts should be pursued, including getting local schools and student groups involved in spreading the antidrug use message.

Many of the specific ideas presented to our study committee are contained in our final report, and I have attached a copy of that final report to the report that I am submitting to your committee today.

Senator HARKIN. That will be made a part of the record, too, Senator.

Senator MANN. It also seems important to me that any war on drugs must address some of the significant underlying causes for the rise in drug usage. One of the most significant of these causes is the bleak economic future currently faced by many families in blighted neighborhoods in our State and country. It must be recognized that many in our society turn to drug usage because of the frustration associated with an inability to obtain a piece of the pie, an inability to participate equally in the American dream of owning a car, a home, and financing a quality education for the young. Indeed, the young, who are stifled in opportunity and who may sense that they have nothing to lose, are most likely to be the victim of drugs.

It is becoming ever increasingly clear that women and children are the prime victims of poverty in our Nation, as poverty has grown more pronounced for families living in inner-city neighborhoods, and opportunities for the youth living in those neighborhoods have declined. Many have resorted to the only real opportunity that they have perceived to be available: participation in the lucrative drug trade. Gang violence resulting from the drug trade is not merely attributable to the use of drugs but is also a reflection of the fact that young people involved in drug trafficking see little to lose from living this more violent lifestyle.

The Nation then must include in its war on drugs measures to treat some of the underlying structural problems which exist in this society. It must develop safe, secure, affordable housing for all families. It must provide employment opportunities as a matter of right which lead to jobs with family-sustaining paychecks. It must provide educational and social support systems which meet the needs of the next generation of Americans and which does not allow young people to drift aimlessly into the abyss, but rather provides a roadway and a road map to economic self-sufficiency and independence.

The war against drugs should provide funding from all governmental levels for the development of community-based corporations or other community-based economic ventures located within distressed communities and dedicated to the elimination of unemployment and the social frustration that goes with high unemployment. High unemployment causes human tragedies and the social disruption that follows such tragedies: urban crime, neighborhood deterioration, increased illness, high suicide rates, and perhaps the most tragic of all, the prospect of hundreds of thousands of young people reaching adulthood without the skills, the training, and the work experience necessary to enable them to occupy an independent and productive role in this society. These things produce the frustration which leads to substance abuse.

We must not be afraid to include in the war on drugs efforts at economic development that improve the blighted and deteriorated areas in our community. We must not be ashamed to care about the 1 to 3 million Americans who are homeless, who live in the cold and narrow doorways and garbage dumpsters and under bridges. We must not be ashamed to long for adequate and affordable housing for the poor in this Nation.

I recently walked through my senate district for voter registration efforts, and I hadn't done so since my first election back in 1982. I was unopposed in my election, and I hadn't walked in my last election, but I recently walked for voter registration purposes. And in a portion of my senate district, in every single block in that section of my district where minority residents live, the deterioration was heartbreaking. In every single block there was a minimum of four to five houses lost. They were either dilapidated, or boarded up, or burned down with a vacant lot remaining.

The blight on the community was incalculable, and so I'm not ashamed to want government, at both the State and Federal level, to do something about this problem. I'm not ashamed to want to help to relieve the social frustration that causes people to turn both to crime and to substance abuse. And I ask that you and your colleagues in the Congress work to ensure that the war against drugs, target some of its money toward economic development for the blighted areas of the communities. I'd like to see those people helped.

I have more comments, but in the interest of brevity, I will shorten my remarks at this point. And, again, thank you for giving us the opportunity to appear and offer some ideas on the comprehensive national drug policies. Thank you.

Senator HARKIN. Thank you, Senator Mann.

[The statement follows:]

STATEMENT OF TOM MANN

Thank you for giving me this opportunity to appear before your committee, and to offer some thoughts on a comprehensive policy on how governmental agencies may cooperatively fight substance abuse - and more particularly, drug abuse in Iowa.

There are, of course, many urgent problems facing the state and the nation today, but substance abuse, and particularly drug abuse is as urgent as any. In a short period of a few years the use of addictive drugs, and particularly crack cocaine and other controlled substances has reached epidemic proportions, has devastated many communities, and has turned many cities in this nation into war zones between gangs, ruined hundreds of thousands of lives, and threatened to overwhelm the nation's social welfare and criminal justice systems.

The social costs of this epidemic are incalculable. Individuals and families are ruined. Babies are born hooked on cocaine. Women sell their bodies to raise money to buy drugs, and in the process, spread communicable diseases. Addicts rob and steal to support their habits. Kids are recruited to sell drugs. And the criminal justice and social welfare systems are overburdened trying to deal with the resulting broken lives.

The problem affects every class and race. Users and dealers are found in corporate offices as well as in the deteriorated inner city neighborhoods of every community. It is truly a national problem.

There will be no quick fix to this problem. But I am greatly pleased to see that the Congress is acting to find a solution, and that your committee is making a serious effort to ascertain how the national, state, and local governmental units may work together to effectively combat this menace.

Last summer, I co-chaired with State Representative Wayne McKinney a legislative study committee on the subject of drug abuse prevention. During the several sessions in which we received

testimony from public officials, treatment specialists, law enforcement personnel, and others concerned about the drug abuse problem, it became clear that all virtually agree that the drug abuse problem is sufficiently large that a "war on drugs" should be declared, and that virtually all emphasize interdiction, prosecution, incarceration, and demand-reduction as major strategies to combat the problem.

I agree that these are important strategies for combating the problem. Accordingly, I endorse and recommend that your committee support new laws to improve and enhance interdiction and law enforcement efforts. While, in large part, this will mean increasing the funding for law enforcement efforts, -- i.e., more drug agents, prosecutors and judges -- it may also mean strengthening criminal laws, including those relating to the recruitment and use of juveniles to sell drugs. It is viciously outrageous that drug traffickers are able to prey upon the young and vulnerable as they pursue their criminal enterprises.

While I recommend that increased funding be had for law enforcement, I strongly caution that suggestions on the use of the military in this war against drugs, inclusive of the national guard, be tempered, and that we all recognize the long-standing tradition in this nation that civil matters are best left to civilian authorities. This tradition -- indeed this legal standard -- was not established by accident, but rather grew out of a recognition that democratic institutions cannot survive simultaneously where martial law thrives. Our 200 year old democracy has not survived by accident, but rather because important and fundamental principles of government have been pursued in practice as well as in theory, and because deviations from theory have been timely corrected.

Further, with respect to law enforcement, I strongly urge that we not "throw the baby out with the water". During his visits to Iowa, I read of Drug Czar William Bennett's justification of

certain police excesses on the grounds that the civil liberties of citizens are denied everyday by drug traffickers. While it may be true that the rights of people are abused and denied by drug traffickers, such abuses cannot justify illegal conduct by police officers. If the results of the "drug war" will be a constitution riddled with holes and loopholes, devoid of protection of civil rights and liberties, then perhaps the "drug war" is a war which should not be fought. The cure may worse than the illness.

Secondly, as our legislative study committee has recommended to the legislature, drug abuse treatment programs must be expanded. Additional funding for the expansion of existing treatment facilities and construction of new facilities is needed. Our committee learned that there is a four to six weeks waiting period for persons seeking treatment in Iowa. It seems clear that many of those people will be worse off after the wait, and the wait alone will deter many from obtaining necessary treatment. Funding for outreach services at existing centers and substance abuse information and referral assistance is required. Post-treatment and aftercare services are required, and a national health insurance program which provides coverage for substance abuse treatment is recommended.

As previously indicated, interdiction and treatment alone will not be successful. Demand-reduction is equally as important. A variety of drug abuse prevention efforts should be pursued, including getting local schools and student groups involved in spreading the anti-drug use message. Many of the specific ideas presented to our study committee are contained in our final report, and I have attached a copy of that report for your review.

It also seems important to me that any "war on drugs" must address some of the significant underlying causes for the rise in drugs usage. One of the most significant of these causes is the bleak economic future currently faced by many families in blighted neighborhoods in our state and country.

It must be recognized that many in our society turn to drug usage because of the frustration associated with an inability to obtain a "piece of the pie" -- an inability to participate equally in the American dream of owning a car, home, and financing a quality education for the young. Indeed, the young, who are stifled in opportunity, and who may sense that they have nothing to lose, are most likely to be victims of drugs. It has become ever increasingly clear that women and children are the prime victims of poverty in our nation. As poverty has grown more pronounced for families living in inner city neighborhoods, and opportunities for the youth living in those neighborhoods have declined, many have resorted to the only real opportunities that they have perceived to be available -- participation in the lucrative drug trade. Gang violence resulting from the drug trade is not merely attributable to the use of drugs, but is also a reflection of the fact that young people involved in drug trafficking see little to lose from living this more violent lifestyle.

The nation, then, must include in its war on drugs measures to treat some of the underlying structural problems which exist in the society. It must develop safe, secure, and affordable housing for all families. It must provide employment opportunities as a matter of right which lead to jobs with family-sustaining paychecks. It must provide educational and social support systems which meet the needs of the next generation of Americans, and which does not allow young people to drift aimlessly into abyss, but rather provides a roadway and road map to economic self-sufficiency and independence.

The "war against drugs" should provide funding, from all governmental levels, for the development of community based corporations or other community-based economic development ventures located within distressed communities and dedicated to the elimination of unemployment and the social frustration that goes with high unemployment. High unemployment produces human

tragedies, and the social disruptions that follow such tragedies. Urban crime, neighborhood deterioration, increased illness, high suicide rates, and perhaps the most tragic of all, the prospect of hundreds of thousands of young people reaching adulthood without the skills, the training, and the work experience to enable them to occupy an independent and productive role in this society. These things produce the frustration which leads to substance abuse.

We must not be afraid to include in the war on drugs efforts at economic development for blighted areas of our state and nation. We must not be ashamed to be concerned about the exorbitant amounts wasted on military spending in this country. I'm not ashamed to prefer "butter to guns". It hurts me to know that for each 195mm Conventional explosive shell that the army buys at a cost of \$439, we could have bought 460 meals for the homeless roaming the streets of Des Moines. It hurts me to know that we could stop the growth of hunger in America by spending 5.3 Billion dollars on people, but instead we spend roughly the same amount on the army's single-channel ground and airborne radio system.

We must not be ashamed to care about the one to three million Americans who are homeless -- who live in the heat and in the cold, who live in doorways, and in garbage dumpsters, and under bridges.

We must not be ashamed to long for adequate and affordable housing for the poor people of this nation. I recently walked through my Senate District, and in every single block in that section of my district where minority residents live, the deterioration is heartbreaking. In every single block, there are a minimum of 5 houses lost. They are either dilapidated and boarded up, or burned down with a vacant lot remaining. The blight on the community is incalculable. I am not ashamed to want government, both state and federal, to do something about this problem. I'm not ashamed to want to help to relieve the social frustration that causes people to turn both to crime and substance abuse. I ask that ensure that the "war against drugs" target some

economic development money for these blighted areas. I WANT MY PEOPLE HELPED.

The "war against drugs" should provide funding, from all levels of government, to provide housing for the homeless, for home maintenance and repair programs, and the rehabilitation of existing housing stock.

The "war against drugs" should provide funding, from all levels of government, to establish youth employment and recreation programs so that our young people may have real options available to them, and so that resort to drug peddling will not be the only attractive economic option to them.

While interdiction and enforcement must be pursued vigorously, only reducing the demand for controlled substances will solve the substance abuse problem. Sloganeering alone will not solve the problem. The real way to reduce demand is to improve the lives of people.

The simple fact is that a drug free Iowa -- a drug free America -- cannot be easily attained, and probably is not attainable. But substantial reduction and management of the social costs of substance abuse is attainable. One of the goals, then, should be to work towards reducing and managing the social costs of substance abuse, and the creation of a society where dangerous substances will not be readily attractive to our young people.

While money alone will not solve the problem, it will help. In the end, community pride and solidarity, along with governmental help, can turn things around.

Thank you.

FINAL REPORT

DRUG ABUSE PREVENTION AND ENFORCEMENT STUDY COMMITTEE

Senator Thomas Mann, Jr., Co-chairperson

Representative Wayne McKinney, Jr., Co-chairperson

Submitted to the General Assembly

January 1990

Prepared by the Legislative Service Bureau

AUTHORIZATION AND APPOINTMENT

The Drug Abuse Prevention and Enforcement Study Committee was established by the Legislative Council to "[R]eview recent legislative changes to improve Iowa's drug abuse prevention, treatment, and enforcement programs and recommend additional improvements to combat illegal drug activity," and "[S]tudy the needs of local and state agencies, including coordination of enforcement, treatment, and educational programs, as they seek to make Iowa a drug-free state."

Members serving on the Study Committee included:

Senator Thomas Mann, Co-chairperson
Representative Wayne McKinney, Jr., Co-chairperson
Senator Donald V. Doyle
Senator Mark Hagerla
Senator Paul Pate
Senator Elaine Szymoniak
Representative Jack Beaman
Representative Teresa Garman
Representative Steven D. Hansen
Representative Mark S. Shearer

COMMITTEE PROCEEDINGS

The Study Committee was authorized three meetings days and requested and received approval for an additional two meeting days. The Committee utilized four of the five meeting days and held meetings on September 1, October 2, 18, and 27, 1989.

MEETING -- September 1, 1989

The first meeting of the Study Committee was held on September 1, 1989, in Senate Room 22, of the Statehouse. Presentations were made by interested persons concerning substance education and prevention, and narcotics enforcement.

Ms. Janet Zwick, Director of the Division of Substance Abuse and Health Promotion in the Iowa Department of Public Health, provided an overview of the Department's substance abuse service system. She mentioned that the Department funds 31 community-based treatment programs, and discussed factors which need attention in any prevention effort.

Mr. Hank Mayer, Director of the Division of Narcotics within the Department of Public Safety, discussed the drug trafficking system

in Iowa stating that although drug trafficking is organized, there is no single organization controlling distribution in Iowa. He also provided a summary of activities of the Division of Narcotics as a result of recent legislation.

Mr. David Wright, Substance Abuse Education Consultant for the Department of Education, testified regarding the substance abuse initiatives undertaken by the Department of Education. He also provided statistical data concerning the current substance abuse prevention structure, current substance abuse trends among Iowa youth, current school substance education, and intervention programming. He noted that alcohol is the number one drug of choice of students. He also stated that while the number of youths using drugs is declining, the total usage is increasing as a result of a marked increase in the quantity used per person.

Mr. Mike Forrest, Drug Enforcement and Abuse Prevention Coordinator, provided testimony concerning the responsibilities of his coordinator position which was created during the 1989 legislative session. He commented that better and more complete information needs to be gathered concerning persons not being served by current substance abuse programs, and to determine the extent of the drug problem in Iowa.

Ms. Marilyn Milbrath, Governor's Alliance on Substance Abuse, provided an overview of the High-Risk Youth Program and the Drug Control and System Improvement Grant Program (both federal grant programs).

Mr. Jack Stowe, Iowa Substance Abuse Program Director's Association, presented testimony concerning Iowa's current substance abuse treatment system. He asserted that the supply side of substance abuse is underestimated because prescription drug abuse is not recognized in the statistics and that to adequately address the drug problem, a shift in attitude needs to be made away from law enforcement.

Mr. Wayne Ford, Executive Director of Urban Dreams, discussed the establishment and mission of Urban Dreams and presented an action plan to the Study Committee intended to avoid an increased incidence of teenage gangs in the community. He explained that Urban Dreams is a private organization providing services to residents of the community who are unable to find assistance through traditional channels. Services provided range from substance abuse counseling and treatment to family counseling. He also testified concerning the unique problems which exist for inner-city youth and substance abusers.

MEETING -- OCTOBER 2, 1989

The second meeting of the Study Committee was held on October 2, 1989, in the Supreme Court Chamber at the Statehouse. Testimony was again provided by interested persons.

Commissioner Gene Shepard, Department of Public Safety, appeared before the Study Committee to address any questions which the members might have. He responded to questions concerning additional resources being requested for the Department and whether additional legislative changes were needed in the fight against narcotics. He stated that the ten additional agents being requested would fulfill a request made two years ago for 25 additional personnel when added to the personnel increases authorized during the 1989 Session. He also stated that his department is reviewing current law for the purpose of making legislative recommendations.

Dr. Sue Donielson, Division Administrator for Instructional Services in the Department of Education, presented the Department's recommendations for changes in statutes, educational standards, and rules relating to drug abuse prevention and education including open enrollment to enhance the effectiveness of aftercare goals, increase sanctions against retailers who sell alcohol to minors, and increase funding for at-risk programming at junior and senior high levels.

Ms. Jeanette Bucklew, Community-Based Corrections, testified concerning problems in the community-based corrections system with substance abuse, what corrective action has been taken, and future recommendations. She provided information concerning the number of persons in the community-based corrections system, as well as certain characteristics regarding that population.

Dr. James Thornton, Chief Executive Officer of Our Primary Purpose, testified concerning his impressions and knowledge of substance abuse and abusers, and his experience of effective treatment methodologies.

Mr. Jack Hill, Outreach Services Coordinator for Iowa Methodist's Powell III, discussed the types of services available and success rate actualized by the Powell III program. He also provided recommendations for state action to assist substance abuse prevention and treatment initiatives.

Mr. Barry Bruner, President of the Iowa County Attorneys' Association, provided testimony concerning county prosecutors' experience in dealing with drug enforcement laws. He commented on the need for additional undercover drug agents and also suggested that additional laboratory facilities are needed.

Mr. Mark Diamond, Oskaloosa Chief of Police, representing the Iowa Police Executives Forum, testified regarding the DARE program, a drug education and prevention program for school curriculums involving uniformed officers as instructors. He commented that the biggest problem in implementing the program is that many local agencies lack sufficient personnel to conduct the program.

MEETING -- OCTOBER 18, 1989

The third meeting of the Study Committee was held on October 18, 1989, in Committee Room 1 of the Statehouse. Presentations were again made by interested persons.

Mr. Norman Johnson, State of Iowa Pharmacy Examiners, testified concerning existing statutes which identify and regulate the trafficking of precursor chemicals, and require the reporting of transactions and loss or disappearance of domestic distributions of these chemicals. He provided a recommendation for the design and implementation of a comprehensive state act for precursor chemical diversion and trafficking.

Mr. Paul Hedquist, Director of Programs for the National Council on Alcoholism and other Drug Dependency (NCA), discussed early prevention, assessment and referral, and individual follow-up as three areas where NCA has an impact on the substance abuse problem.

Mr. Jack Erskada and Ms. Sandy Krell-Andre, Young House Youth Center, provided testimony concerning the Woodlands Treatment Center which is a long-term residential treatment facility which serves adolescent males in southeastern Iowa.

Mr. Bryan McKinley, Assistant Mitchell County Attorney, Mr. Eugene Kleinow, Mason City Chief of Police, and Mr. Paul Scranton,

Charles City - Chief of Police, representing the North Central Iowa Drug Task Force, testified concerning the Task Force's activities. They stated that the Task Force involved a group of nine counties participating under a Chapter 28E intergovernmental agreement specifically for the purpose of investigating and apprehending drug dealers in north central Iowa.

MEETING -- OCTOBER 27, 1989

The Fourth and final meeting of the Study Committee was held on Friday, October 27, 1989, in Committee Room 118 of the Statehouse. Presentations were made by interested persons and recommendations were made by the Study Committee.

Ms. Janet Galloway, Chief of the Licensing and Regulatory Bureau of the Alcoholic Beverages Division, discussed the role of the Division in, and its long-standing policy of, teaching and reinforcing voluntary compliance with alcoholic beverage control procedures required of licensees. She stated that the division would withhold issuance of a license if the qualifications of the proposed licensee are below standard or suspect.

Mr. Mark Lambert, Iowa Civil Liberties Union (ICLU), testified concerning the position of the ICLU regarding chapter 809 relating to forfeiture of property stating that the law is overly broad and vague. He averred that the law lacks due process, it punishes innocent bystanders, and does not provide for a right to legal counsel for those who cannot afford it.

RECOMMENDATIONS

The Committee made the following recommendations:

ENFORCEMENT RECOMMENDATIONS

1. The Committee recommends that funding be provided for the Department of Public Safety to employ an additional four full-time lab technicians for the criminalistic laboratory in the Division of Criminal Investigation.
2. The Committee recommends that funding be provided for additional local law enforcement personnel in areas where two or more public agencies in this state have entered into an intergovernmental agreement pursuant to chapter 28E or an agreement has been entered into by one or more public agencies in this state with one or more public agencies in a contiguous state for the purpose of cooperating jointly in enforcement efforts related to the drug problem.
3. The Committee recommends that funding be provided to the Department of Justice for the Prosecuting Attorneys Training Coordination Council to provide local prosecutors to assist with the prosecution of drug cases. The Council is to establish by administrative rule an application process for determining the distribution of the funds provided and give priority to applications made by public agencies which have contracted with other public agencies pursuant to chapter 28E for the purpose of cooperating jointly in enforcement efforts related to the drug problem.
4. The Committee recommends that additional funding be provided to law enforcement agencies for the purchase of illegal substances in drug enforcement operations.

5. The Committee recommends that the Board of Pharmacy Examiners be directed to establish rules concerning the notification of manufacturers of precursor chemicals.

6. The Committee recommends that the Alcoholic Beverages Division of the Department of Commerce establish rules to require the display of conspicuous printed warnings concerning the dangers and risks involved with alcohol use during pregnancy.

TREATMENT RECOMMENDATIONS

1. The Committee recommends that additional funding be provided to the Division of Substance Abuse of the Iowa Department of Public Health to be allocated in a manner which will effectively reduce, if not eliminate, the waiting period which now exists at publicly funded substance abuse treatment centers for individuals, including adults and juveniles, awaiting assessment, outpatient treatment, entry into a halfway house, and residential treatment.

2. The Committee recommends that methods of providing incentives to substance abuse treatment facilities be explored. These incentives should be designed to encourage expansion of existing, or construction of new, facilities which provide this treatment. The result of this expansion of treatment facilities should be a reduction of the delay in providing necessary services to individuals now forced to wait for services. Reduction of this waiting period should enhance the effectiveness of treatment provided and increase the success rate of those completing this treatment.

3. The Committee recommends that additional funding be provided for outreach services at existing centers providing maternal and child health services to women and children to decrease problems of pregnancy outcomes, to reduce the incidence of low-birth weights, and to assist children with special health care needs. These funds shall be used for brochures, pamphlets, public service announcements, or other means of informing potential clients of available services and eligibility criteria for obtaining these services. These centers shall also provide substance abuse information and referral assistance to clients who have a substance abuse problem. The effectiveness of this program shall be evaluated after the end of the fiscal year ending June 30, 1991, and a report shall be made to the General Assembly prior to the start of the next regular session of the General Assembly.

4. The Committee recommends that funding be provided for follow-up services for persons completing substance abuse treatment through programs provided by or under contract with the Division of Substance Abuse of the Iowa Department of Public Health.

The Division of Substance Abuse shall evaluate the level of need for aftercare services while providing follow-up services and shall report its findings, with recommendations for needed funding for aftercare services, to the General Assembly prior to the start of the next regular session of the General Assembly.

5. The Committee recommends that encouragement be given to the federal government and secondary education institutions to develop and maintain research and information concerning substance abuse and treatment of substance abusers in an effort to determine the most effective method of treatment.

6. The Committee recommends that training be provided to appropriate health care professionals in the detection of infants born with an addiction to cocaine. The Committee recommends that

research be encouraged to develop effective treatment methods and that efforts be made to educate the public concerning the problem of "cocaine babies" and the risks involved in engaging in cocaine use during pregnancy.

7. The Committee recommends health insurance coverage for substance abuse treatment, as follows:

HEALTH INSURANCE COVERAGE FOR SUBSTANCE ABUSE TREATMENT.

Sec. _____. Section 509.3, Code Supplement 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 9. A provision which provides to the policyholder benefits for the necessary care and treatment of chemical dependency, as defined in section 125.2, subsection 1, which are not less favorable than for physical illness generally and which are subject to the same deductibles and coinsurance. Benefits shall be payable to facilities as defined in section 125.2, and to similar facilities accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association, which provide the necessary care and treatment pursuant to a written treatment plan.

The policy may limit total payments for all necessary care and treatment of chemical dependency under the provision for an adult to not less than eight thousand five hundred dollars and for a minor to not less than seventeen thousand dollars in any period of twelve consecutive months.

The policy may limit total payments under the provision for an adult to not less than six thousand dollars and for a minor to not less than twelve thousand dollars in any period of twelve consecutive months for inpatient care and treatment provided in a facility as defined in section 125.2, or in a similar facility, including a freestanding or residential facility, accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than three thousand dollars and for a minor to not less than six thousand dollars in any period of twelve consecutive months for care and treatment provided in a halfway house licensed as a facility under section 125.13, or in a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than two thousand five hundred dollars and for a minor to not less than five thousand dollars in any period of twelve consecutive months for partial day care and treatment provided in a facility licensed under section 125.13, or in a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The policy may limit total payments under the provision for an adult to not less than one thousand five hundred dollars and for a minor to not less than three thousand dollars in any period of twelve consecutive months for outpatient care and treatment provided at a facility licensed under section 125.13, or at a similar facility accredited by the joint commission on the accreditation of health care organizations or by the American osteopathic association.

The commissioner of insurance shall annually on December 31 adjust the dollar amounts, specified in this subsection as minimum benefit payments, upward or downward depending upon the appropriate cost-of-living index.

As used in this subsection:

a. "Freestanding or residential facility" means an inpatient facility in a nonhospital setting which provides twenty-four-hour-per-day supervision and support for the treatment and rehabilitation of a person with a chemical dependency.

b. "Halfway house" means a facility which provides structured peer group living in a supervised setting, with follow-up, individual or group counseling aimed at reintegrating a person with a chemical dependency into the person's home, job, and community.

c. "Outpatient care and treatment" means diagnostic and other treatment provided to a person with a chemical dependency on an individual or group basis, on a scheduled or a nonscheduled basis, in a setting which is not inpatient or residential in nature, including but not limited to follow-up therapy to persons who have left more structured settings, and entry level treatment and intervention for persons whose physical, psychological, social, or vocational status allows them to function in their usual environments.

d. "Partial day care and treatment" means ambulatory treatment services provided during the day or evening, on an organized, formal, and regularly scheduled basis, consisting of at least four hours of structured treatment per day for at least four days each week.

e. "Treatment plan" means a plan initiated at the time of a person's referral to necessary care and treatment for chemical dependency, which is approved by a physician or other legally qualified health care practitioner and which specifies the services and programs for the care and treatment of the person, including but not limited to medical, psychiatric, psychological, and individual, family, and group counseling.

Sec. 2. This Act applies to existing group policies on their next anniversary or renewal date or upon the expiration of an applicable collective bargaining contract, if any, whichever is the later.

EXPLANATION

This bill would require that group policies of accident and health insurance provide coverage for the treatment of chemical dependency on substantially the same basis as other physical health care coverages. However, the policies may include specified limitations on total and annual outpatient, partial day, halfway house, and inpatient coverages.

This bill would also provide for applicability to policies currently in force or to be in force in the future.

PREVENTION RECOMMENDATIONS

1. The Committee recommends that funding be provided to the Iowa Department of Economic Development for the development of community development corporations or other community-based economic development ventures within economically distressed communities. For purposes of this recommendation, "community development corporation" means a private nonprofit corporation

which draws its membership from low-income residents of a community, as well as representatives of business, government, or civic organizations. The community development corporation must have as a primary goal, the commitment to reduce the dependency of its low-income members on public assistance by improving the employment opportunities of low-income residents within the community.

The Committee recommends that funding be provided for a program fostering economic development initiatives for nonprofit corporations operating in areas with low-income populations. Funds available under this program should be allocated to qualifying nonprofit corporations with twenty-five percent of the amount provided as a grant and seventy-five percent of the amount provided as a loan subject to repayment by the nonprofit corporation.

2. The Committee recommends that funding to the Iowa Finance Authority for low-income housing be increased. Funding provided should be allocated to the grant program for the homeless, the home maintenance and repair program, the rental rehabilitation program, and the home ownership incentive program. These programs currently exist under section 220.100.

3. The Committee recommends that funding be increased for the Iowa Conservation Corps, and Iowa Youth Corps and Youth Services Administration.

4. The Committee recommends that funding be provided to the Division of Substance Abuse of the Iowa Department of Public Health for the high risk youth program in an amount equal to federal funds received by the Division of Substance Abuse for this purpose.

5. The Committee recommends that funding be continued for the community-based recreational and educational grant program.

6. The Committee recommends that funding be provided for local law enforcement agencies to initiate D.A.R.E. within their communities.

7. The Committee recommends that funding be provided for the Youth 2000 Coordinating Council legislatively created during the 1989 Session, for awarding community planning grants for collaborative efforts to establish local drug prevention and youth development programs.

8. The Committee recommends that funding be provided to the Department of Education for forty additional full-time substance abuse prevention specialists for grades K-5.

9. The Committee recommends that the Department of Education develop a comprehensive plan and curricula for the instruction of grades K-6 concerning substance abuse with implementation of this plan to be completed as soon as possible, but not later than the 1991-1992 school year.

10. The Committee recommends that the use of Phase III money be encouraged for teachers who have completed drug awareness training courses be encouraged.

11. The Committee recommends that schools be required to establish student assistance teams to provide appropriate support to students with substance abuse problems and to provide support to other students who are not yet substance abusers. These teams should be required to establish ties with parents and community

resources in order to gain assistance in the accomplishment of their goals.

12. The Committee recommends that schools be encouraged to establish student groups on drug prevention. Positive role models should be established in an effort to deter increased substance abuse by younger students and other students within the role models' peer groups.

13. The Committee recommends that the Department of Education be required to survey all school districts in the state to determine the extent to which substance abuse education is being provided to students in grades K-12. The department should report its findings to the General Assembly by January 1, 1991.

14. The Committee recommends that the state encourage the development of grassroots organizations to assist in combatting substance abuse. Recognition should be given to communities and community organizations which have implemented innovative and successful approaches in dealing with substance abuse.

15. The Committee recommends that a clearinghouse for drug abuse prevention and intervention ideas be established in the Drug Enforcement and Abuse Prevention Coordinator's Office to assist local organizations in their efforts to battle substance abuse in their communities.

16. The Committee recommends that students in grades K-12 who participate in a substance abuse treatment program be permitted to immediately transfer to another school pursuant to the state's open enrollment program. This proposal should be effective upon enactment to permit students currently involved with substance abuse treatment an opportunity to avoid returning to the same environment which fostered the students' substance abuse problem.

17. The Committee recommends continued funding and support for at-risk children through the school-based education program.

STATEMENT OF STATE REPRESENTATIVE WAYNE MC KINNEY

Mr. McKINNEY. I'd like to say so many things more, but I would like to thank Senator Harkin for having this committee hearing today to allow us the opportunity to share our experiences and observations. But I would also like to thank Senator Mann for his significant input in this entire drug crisis. Extremely a dedicated public servant.

Senator, you hear a lot of people quote about the war on drugs and all these different other statements. There was a statement made that I read that interested me: Cocaine is the most severe drug problem to ever face the Nation. That was made in 1910 by President Taft. I think it puts everything in perspective.

Senator HARKIN. You said cocaine?

Mr. McKINNEY. Cocaine.

Senator HARKIN. Amazing.

Mr. McKINNEY. So 80 years later, here we are. I think the key to success of this drug dilemma is coordination.

Last year, in 1989, the Iowa Legislature passed an antidrug omnibus bill. And we recognize that we have to be concerned about all the funds—about education, about treatment, prevention, law enforcement. They all have to be coordinated together, all the different State activities. We created a State coordinator to do that. You

have your U.S. coordinators. So we have coordination on a horizontal plane. That's the Feds and the State of Iowa. But I see a problem with the vertical coordination between the Federal Government and the State governments. I think we could talk about the problem with this vertical coordination when it comes to education and law enforcement. But let me just, because of the sake of time, focus on treatment.

As I understand it, the Federal people will be spending a significant amount of money—close to \$700 million in treatment, thereabouts, give or take hundreds of millions of dollars, anymore. But I don't think money by itself would solve the problem or resolve the problem as to treatment unless we have this coordination, unless we work together.

I think right now, after going through all of our interim committee hearings, talking to experts, talking to people with a drug problem, talking to treaters, there's no real definition of treatment. That's one of the problems that we have. I think some of our treatment providers are doing more of the traditional treatment, the confrontational treatment, assuming that the patient or the client has rationaled it.

Senator, I think the problem when you deal with crack cocaine or Asian ice, you're dealing with people who, for whatever reason, lack some of this rationality. You're dealing with people—when it comes to alcoholism, they can survive 15, 20 years. They can function without a lot of real damage. Treatment, confrontational treatment. The traditional treatment is appropriate. If you're on heroin, you can exist 10 to 12 years and still function before the damage becomes too great. If you snort cocaine, it's 8 years. If you IV it, it's 2 years. If you smoke it, it's 2 months to 1 year, on the average. That's a radical difference now in our drug problem. I think we need new treatment, radical treatment.

Senator, I think it's incumbent upon the Federal Government and the State government to work together to try to find the appropriate treatment instead of pouring all this money into our existing treatment facilities and providers without really knowing if it's effective, if it's doing any good.

Senator, I think the new drugs on the horizon are even worse than crack cocaine. You know, as well as I do, Asian ice is easy to make. It takes 3 to 5 seconds for ice to reach the brain. You get a high for 45 minutes. Crack, it takes 5 seconds to hit the brain, and you're high maybe only 10 minutes. Ice is a real problem. We need different treatment for that. Crank, you can be high for 24 hours on that, Senator, and that's \$25 a hit to keep you high.

Senator HARKIN. What's that?

Mr. McKINNEY. Crank. So we have all these different drugs we have to be concerned about. And we have to be sure we have the appropriate treatment, and I have a real concern about that.

Another problem I have, Senator, is that we have to assure this vertical coordination of our activities and our treatment providers keeping track of the people they treated for aftercare treatment. We discovered here in the State of Iowa, for a lot of different reasons, that we weren't doing that. The primary reason is money. And I think the State people, the health people, Janet, all the other agencies of Iowa, are doing the best they can under the

present circumstances. But we need more community communication, sharing of information, and requirements of accountability, that if these people go through treatment initially, they get the appropriate aftercare.

Senator, I think an addiction, cocaine addiction, ice addiction, any major drug addiction, alcohol, it's a career addiction. You just don't treat it the first 90 days and then say everything is going to be OK. You have to provide that aftercare treatment. You have ups and downs for a lifetime. That's the problem with drugs. It's a lifetime career. So we need to provide that essential aftercare.

One of the major concerns I have is that we have a potential for a real conflict of interest here in treatment that we have to be concerned about on the Federal level and the State level. They are giving us the money but, oftentimes, these treatment providers also did the evaluations; that is to say, the diagnosis of the kind of drug problem you have. If they provide certain treatments, it's not surprising that they make a diagnosis that you need the treatment that they provide. I don't think it's cost effective. I don't think it's doing our people any good. I'm not saying that every treatment facility is doing that, but I'm saying that we need accountability to be sure that that's not happening.

I think when we look at all these different things, Senator, the greatest concern I have is that we've appropriated billions of dollars, hundreds of millions of dollars, in particular, as to treatment, and we're going to say 2 or 3 years from now, our success rate for treatment is about the way it was in 1989; 1988. Twenty-five, thirty, maybe forty percent after you undergo all this extensive treatment, expensive treatment—very expensive treatment.

I'm afraid that in 3 years from now, or 2 years from now, or 4 years from now, Congress will say:

My god. We appropriated \$700 million, \$800 million, \$1 billion for treatment, and the success rate is no better. It doesn't work. Let's cut down the appropriations for treatment. Let's give it maybe to enforcement.

That will be a big mistake.

The problem I see is that we don't have the infrastructure to receive all the money that the Federal Government is appropriating right now in terms of really good quality effective treatment providers and services. We don't have that type of facility in existence now. We have good people out there, but I think we need to be much more concerned about the accountability.

It's easy, Senator, for people to tell you that we have a significant drug problem, and we do, and all the facts and statistics and so forth and so on. One of the most frustrating things that I had during the course of the committees was that everybody could identify the problem, but nobody could really give me an idea sometimes of what we need to do, maybe, to really make a significant impact.

Well, let me toss out one idea, and by no means am I an expert on treatment. But it seems to me that if we have a centralized treatment evaluation and referral approach, it might be much more effective. That is to say, have the people trained in nothing but evaluation. People that understand to really truly evaluate a drug problem, you have to know that patient. You have to know

his background. You have to know his psychological profile, and you have to know his initial problem. You have to know his marital situation. You have to know everything about that person. You have to understand the drug that that person is on, the interrelationship between drugs. Have those experts make the evaluations, and have those people make the proper referral to the other experts who provide the treatment.

Senator, I think that's something that we need to look at very closely. I think such a system would really only allow those people who need inpatient treatment to receive it. I think such a system would save money in terms of inpatient beds.

I think, Senator, ultimately the drug treatment has to be outpatient. Craving for drugs is associated with availability. If you're in jail, if you're in the treatment system for 30, 40, 90 days, that craving diminishes because it's not available. But as soon as you get out on the streets again, it's available, and their craving comes back. So I really believe that effective drug treatment has to be outpatient.

Senator HARKIN. Well, thank you both for very dynamic statements, both aspects of it.

Senator Mann, I want you to know that you're right on target when you say it's not just a narrow focus on drugs. But there is a whole broad range of things out there that we have to be doing to address the drug problem: The housing situation, healthcare, maternal and child health care, all of those things. I don't want to say it's out of the scope of this hearing. We're trying to address the drug problem. I'm hopeful that we will begin to put more money into programs that give our kids a better start in life. Address the problems of homelessness, common deprivation in our own country. If I'm not mistaken, we still have the highest infant mortality rate of any industrialized nation, and that just should not be acceptable in our society.

Representative McKinney, let me just say that you struck a very responsive chord when you talk about the problem of the providers of treatment making the evaluations. That has been brought to our attention before.

I just want you to know that until the recent drug package, we increased from \$7 to \$40 million this year for treatment demonstration programs just to look at that very problem. I don't know if any of these are coming to Iowa or not. I have no way of knowing. If you're interested in that area, those are grant proposals. If you know of an entity in Iowa that maybe would want to apply for one of those grants to test and evaluate what you're talking about—a centralized system where experts would evaluate and then refer them on—I think that would be something that we would really like to look at.

Mr. McKINNEY. We have one agency doing this in central Iowa—the National Council of Alcoholism—but we don't have it in the other parts of Iowa, and that's a real concern I have on the State level.

Senator HARKIN. You talked succinctly about the need for a centralized evaluation system. I don't have a concept of how that works, but I am going to have my staff take a look at the \$47 million that we have this year for these demonstration programs. And

I'd like to work with you, if you could pull some people together here, and we could look at a possible grant proposal to test that here in the State of Iowa. That's exactly what that money is for.

Mr. McKINNEY. Fantastic.

Senator HARKIN. You've struck a very responsive chord there, because I've heard this refrain before that perhaps we're not doing the right treatment, and it's costing us more money.

Mr. McKINNEY. Senator, by no means am I saying that the drug providers now are doing a disservice. I'm saying we really need to focus our attention to do better.

Senator HARKIN. Let me focus on the education aspect also. You heard me tell the Governor that one of the plans or one of the things they'd started last year was making Iowa drug free by 1993. I felt in 4½ years that we could do that. People said to me, "You want to make Iowa drug free in 4½ years?" And I said, "Well, I'm not that naive to think no one is ever going to abuse drugs after that." What I'm saying is, in that period of time, we could put into place certain things in Iowa that would stem the increase and turn it down.

One of those, one of the five points that I mentioned in that program, and the most important from my standpoint, anyway, was to have an ongoing educational system in every grade school in the State of Iowa by 1993. Not just a drug awareness week, or poster day, or something, but I mean ongoing educational programs in these grade schools.

Now, again the question arises, and this is sort of taking off from what you talk about in the treatment, how effective are some of these education programs? Are we testing them? Do we know how effective they are? There are so many open questions out there and, again, we're going to be putting money into evaluating some of these programs. Some of them are well-meaning programs. The DARE Program, for example. I think it's done a lot of good. Is it being run in the right way? Is that the best and most effective way to get to these kids in grade school, or the Quest Program, or the Smoother Sailing Program, or any of a number of other ones throughout the United States that are being operated. Or are they not being effective?

Mr. McKINNEY. I think that's a primary concern that both Senator Mann and myself had during the course of the fall and the summer. Senator, we made a proposal in our interim committee that we basically fund—provide additional funding for 40 more prevention specialists who provide education in our school districts. And the purpose of that is to target your fifth grades or younger; because we firmly believe, Senator, that any treatment or any education after grade five or so is—you're talking intervention then. You're really not talking prevention. And we'll work very closely with you, Senator.

Senator HARKIN. You say in point No. 9 of your recommendation to the Department of Education that you want to develop a comprehensive plan and curriculum for the instruction of grades K through six concerning substance abuse, with implementation of this plan to be completed as soon as possible, but not later than the 1991-92 school year. You're ahead of me. That's good.

Mr. McKINNEY. We've done that with other grades of this whole program, and we share the same concerns.

Senator MANN. I'd like to also note, Senator, that we're going to ask that an annual survey be conducted to determine whether the substance abuse program or education and prevention programs that are being taught in the schools are effective, which is a question that you're raising here.

Senator HARKIN. That's really what this hearing is about. The moneys that are coming in, how are they being used? Should we change some of these? Should we redirect some? As I said, we had almost a doubling of the money into Iowa. I'm not sure how much it's going to be next year, but it's going to be more.

The Pentagon estimated last year that 60 percent of our defense budget went to the countries of Europe. Think about that. \$300 billion in defense. That's \$180 billion a year that goes to the defense of Europe and the Soviets, and we're putting \$9 million a year into the war on drugs. Which has the biggest threat to our country?

Well, I can tell you what's happening in Eastern Europe, but that's going to be distressing, and it's going to be more funds put into the war on drugs in this country. We want to be sure it is the best use of those funds. Should we be changing some of the things we're doing? And your 30-point proposal that you came up with gives me a lot of things to think about. Your suggestions just on the evaluations and centralization. I'm appreciative of the call for flexibility in these programs, but sometimes we have to make decisions in Washington about where these moneys go and for what purposes.

Senator MANN. Senator, let me make one point about flexibility. I kind of agree with the Governor on flexibility to the extent that we're talking about some of the education and prevention programs because, generally, most of the people that testified before our interim committee agreed on the need for an expansion of prevention and educational programs.

One area where I don't see much of a need for flexibility, but rather see a need for action, and strong action—and whether that's at the State or Federal level—is in the area of addressing some of the underlying problems.

I certainly appreciate your opening comments, or your comment after my remarks, about whether or not some of the things I talked about with respect to addressing the underlying problems are within the direct scope of this hearing, the nature of this hearing. I think you could certainly narrow the scope of the hearing to address specific questions about prevention and education and treatment and rehabilitation of persons who are involved in some form of substance abuse, whether it's alcohol or drugs, but we would be addressing those same questions 10 years from now unless we do something about what causes the problem.

Senator HARKIN. You're absolutely right. The 30-point plan that you've come up with, do you expect that to be adopted this session?

Mr. McKINNEY. Yes; we do, Senator.

Senator HARKIN. Will the State appropriations committee be able to fund the program, or will you be looking for additional Federal dollars to meet this \$21.8 million, I believe it was?

Senator MANN. We had a 30-point program, which basically calls for \$21.8 million in expenditures. And I think if you examine the Governor's budget fairly closely, as presented to the legislature yesterday, basically the Governor put forth a proposal which calls for roughly \$14 million in expenditures toward the drug abuse problem; and out of that, as I view the budget, roughly \$4.7 million would be new State dollars. That means that the Governor is relying heavily on whatever moneys that will be coming from the Federal Government to deal with the substance abuse problem in Iowa.

I'm not sure that the legislature will be fully cooperative in that regard. I think that there may be more of a desire in the legislature to utilize additional State funding, but certainly Federal support is going to be needed. I think it's a question of negotiating where the level of the support will be.

Senator HARKIN. You also suggested it be vertical coordination. I've got to get a better handle on that, Wayne, and just figure out what you mean by getting that vertical coordination.

Mr. McKINNEY. Well, Senator, last year one of the primary concerns of the legislature was that we had all these different State agencies out there. We had corrections, we had healthcare, we had education. Any agency whatsoever that had anything to do with drugs was doing a halfway decent job or doing a good job, doing the best job they could. But there was a strong feeling that we need to tie everything together, that we just don't do our own thing. That we do it together. That we needed a quarterback. That we needed somebody to call the plays. That we needed to understand that we had to have a joint effort to win this war. And we did that. And you've done that on the Federal level.

I guess what I'm saying now is that somehow we have to do that between the Federal level and the State level. Somehow we have to work very, very closely to be sure that when you folks appropriate the money, we get the money; that eventually somewhere down the line, that is doing what you folks want it to do and what we want it to do. We have to provide for more accountability. That's what I'm saying, that we have to work together. We have to share that information. If sometimes you feel we're not doing a good job or doing the best job, maybe push us. That's what we're trying to do—do the best job that we can do.

Senator HARKIN. Anything else, Senator Mann?

Senator MANN. I have nothing further, Senator.

Mr. McKINNEY. Thank you, Senator.

Senator HARKIN. Thank you for the outstanding job that you've done on this 30-point proposal. I look forward to working with you on our next package.

STATEMENTS OF:

JANET ZWICK, DIRECTOR, DIVISION FOR SUBSTANCE ABUSE AND HEALTH PROGRAMS, IOWA DEPARTMENT OF PUBLIC HEALTH, DES MOINES, IA

DR. WILLIAM LEPLLEY, DIRECTOR, IOWA DEPARTMENT OF EDUCATION, DES MOINES, IA

MIKE FORREST, COORDINATOR, IOWA OFFICE OF DRUG POLICY, DES MOINES, IA

Senator HARKIN. Our next panel is Mike Forrest, coordinator of the Iowa Office of Drug Policy; Dr. William Lepley, director of the Iowa Department of Education; and Janet Zwick, director of the Division for Substance Abuse and Health Programs.

Mr. FORREST. Senator, pursuant to my note earlier, Janet will be the first presenter, and then Dr. Lepley.

Senator HARKIN. Sure. You bet. I guess we're going to just sort of reverse the order in which I read those. I would welcome you all to the committee and just say that your statements will be made a part of the record in their entirety. And, Janet, thank you for being here, and please proceed with any statement you want to make, and then we'll go to Dr. Lepley.

Ms. ZWICK. Thank you for inviting me. As I was getting ready for work this morning, I was telling my 7 and my 8 year olds what I was doing today. And we were talking about how these hearings assist in making laws at the Federal level. And my 7 year old said, "All he has to do is make a law to gather up all the drugs in Iowa, and we've solved the problem." Wouldn't that be great if our job was that easy?

Senator HARKIN. That would be nice.

Ms. ZWICK. The Division of Substance Abuse funds and licenses community-based treatment programs. These programs provide both screening, evaluation, intake, assessment, treatment, after-care, and followup.

The service area of a particular program in Iowa is determined by the Commission on Substance Abuse, and we call it a service area and/or a catchment area, and at least one program in each catchment area provides outpatient services.

On a statewide basis, we have 15 programs that provide both residential and halfway services. Six programs offer residential treatment for juveniles. We have a program that has a specialized service for native Americans, and we have three facilities that have 17 beds designated for detoxification on a nonmedical basis. These facilities and the slots are not State funded.

We contract for services within community-based programs. Programs that have a contract with the department serve individuals in need of treatment, regardless of their financial status. Individuals are charged on a sliding-fee basis. We require that clients with special needs—for example, handicapped, and/or language other than English—are to be served via community agencies, and we utilize that type of referral process within the programs that we contract with.

We also have licensure standards, and all of these programs that we contract with are also licensed. We require that they meet certain policies and procedures. We have a required intake and assessment, required treatment plans, followup, progress notes. We also have particular areas in regards to training.

We contract with 29 of these community-based treatment programs. During the past year, they served approximately 27,000 individuals, and our contracts are on an average 63 percent of these programs' budgets. In addition to the community-based programs that were just mentioned, we have a number of hospital-based programs in Iowa which also offer chemical dependency treatment. We have 22 hospitals, with approximately 564 beds; 348 of these

beds are inpatient, 37 beds are residential or halfway house, 116 of them are designated for juveniles, and 6 beds are designated specifically for juvenile detoxification services. Generally speaking, these hospital inpatient services also provide outpatient or aftercare continuing care services.

The department is also responsible for prevention services in Iowa, and in fiscal year 1989, prevention services served approximately 258,000 individuals. We require that our prevention programs that we fund through our block grant money provide comprehensive prevention services. When I talking about comprehensive prevention, I'm talking about early intervention, alternatives, education, skill building, social policy strategies, consultation. I talk about the need to work from preschool to the elderly. They work with both community agencies as well as school systems.

We also fund innovative programs, prevention programs within Iowa. And those are particular programs generally targeted for a particular individual or particular population. They are programs that they should be able to write some sort of a manual at the end, and they can be replicated throughout the other States. We are presently funding several of those throughout Iowa. One is for a native American program in the Sioux City area. We have another one for a black program within the Waterloo area. We also have a young mom and pops program in the Ames area, and other several other innovative programs throughout the State.

We also contract with the Iowa Substance Abuse Information Center in Cedar Rapids, and they are our information center. They are the ones that have the pamphlets and the films and all of the types of information that can be sent out to the general public. We have provided them with a toll-free number so that the accessibility to the public throughout Iowa is very easy.

We also have the high-risk youth contracts. That money does come out of the drug-free schools money, and we have 18 high-risk youth contracts in Iowa. And those go primarily to agencies. Homes of Oakridge, for example, is one in Des Moines that is getting a high-risk youth contract. And they are working with some of the comprehensive prevention agencies. They are required to integrate throughout the treatment and prevention system.

We also feel parent and community groups are very important. We have an organization in Iowa that is called INDI, which is the Iowa Network of Drug Information, and they are basically a community group federation. And we work extensively with the community and the parent groups. We receive our funding from the alcohol, drug abuse, and mental health block grant and drug-free schools money. Our current amount is \$12.5 million, and that includes both State and Federal money.

We have contracts for the following services: Comprehensive treatment, comprehensive prevention, innovative prevention, community grants, Project SAFE grants, and high-risk youth grants. The contracts run from July 1 to June 30.

Our plan for the new money for next year is to, first of all, improve and expand outpatient comprehensive treatments; to improve and expand comprehensive prevention; to provide additional treatment to juveniles; additional residential treatment to adults;

to expand our innovative prevention; expand the community groups; and expand the high-risk youth grants.

We have some difficulty when we have talked about the block grant money and the flexibility of the block grant money. There are several set-asides that occasionally do create some problems for Iowa.

Senator HARKIN. Like what?

Ms. ZWICK. We have the \$100,000 group loan revolving fund which has been—it's in place. And it is somewhat difficult to administer because we typically are not in the loan business. The amount of money that goes to IV drug abuse has not been a problem for this present year. We have not requested a waiver for the IV drug abuse money because we are able to utilize it in the way that it needs to be utilized at this point. I'm not sure about for fiscal year 1990. I'll need to look at that, and I understand that a technical amendment was offered so that we can get a waiver for next year, if necessary.

Senator HARKIN. I'm going to ask you about this revolving loan. I have to learn more about that.

[The statement follows:]

STATEMENT OF JANET ZWICK

COMMUNITY-BASED TREATMENT PROGRAMS

Community-based treatment programs, provide screening, evaluation, intake/assessment, treatment, and aftercare or follow-up services. The service area of a particular program has been defined by the Commission on Substance Abuse as a catchment area. At least one program in each catchment area provides outpatient services. On a statewide basis, the following are available: 15 programs offer adult residential services (total of 200 beds); 15 programs offer adult halfway house services (total of 115 beds); 6 programs offer residential facilities for juveniles (total of 127 beds); 1 program offers a specialized service for Native Americans; and 3 facilities have 17 beds designated for clients needing detoxification (not state funded).

The department contracts for services within community-based programs. Programs that have a contract with the department, serve individuals in need of treatment regardless of their financial status. Individuals are charged on a sliding-fee schedule basis, as required by department contract. Clients with special needs (e.g. handicapped, language other than English) are able to be served via linkage arrangements with providers meeting the special need. Licensure standards require written policies and procedures to facilitate referrals between programs and other service providers, ensuring continuity of care for clients with special needs. The client's individualized aftercare plan includes the utilization of existing community resources for support services.

The department contracts with 29 community-based treatment programs, as of July 1, 1989. During the past fiscal year, these programs served approximately 27,533 individuals (clients). The department's contracts are on an average 63 percent of the budgets for community-based programs.

COMMUNITY HOSPITALS AND OTHER PRIVATELY FUNDED PROGRAMS

In addition to the community-based programs previously described, there are a large number of hospital-based programs which offer treatment services. In summary, these include: 22 hospitals with 564 beds: 348 beds are inpatient, 37 beds are residential, 116 beds are designated for juvenile, and 6 beds are designated for juvenile detoxification services. Generally speaking, hospital inpatient services also provide outpatient services.

PREVENTION SERVICES

In fiscal year 1989, prevention programs provided comprehensive services to an estimated 258,651 individuals, equaling 51,974 hours. This figure does not include individuals participating in these innovative program activities: two projects on chil-

dren of alcoholics; a senior awareness service for the elderly; two minority youth projects focusing on Black and Indian youth; and a longitudinal study of school children, beginning in kindergarten. Comprehensive services offer information, education/skill building, early intervention, alternatives, social policy strategies, and consultation. These services are provided in a variety of settings to a number of targeted groups including youth, teachers, parents, women, and minority groups, as well as the general populations.

Effective July 1, 1989, the division contracts for services with 26 prevention programs for delivery of comprehensive prevention services in all 99 counties. Map 3 identifies catchment or service areas of these programs. The division also is funding these innovative projects: a young moms and dads program; intervention services for Indian children and their families; prevention services for persons in correctional facilities; statewide training projects; prevention services for Black youth; two school projects; a family assistance project; youth/parent community project; and a longitudinal study of school children. A manual, developed by each project staff, will permit replication elsewhere.

The division also contracts with the Iowa Substance Abuse Information Center in Cedar Rapids. In fiscal year 1989, the center provided journal articles, films, books, pamphlets, and cassette tapes on substance abuse prevention and treatment issues to approximately 14,255 groups and individuals throughout Iowa. A toll-free number (1-800-247-0614) increases citizen access to the center's extensive resources.

In Iowa, parent and community groups make a major contribution to the substance abuse prevention effort. Activities of these volunteer groups are funded primarily through community and private donations. In 1983, the Iowa Network of Drug Information [INDI], a statewide federation of these groups, was established. INDI's goals are to network all of Iowa's parent and community groups; to share information, ideas, and speakers; and to assist in starting new groups.

The Division of Substance Abuse receives its funding from state appropriations, Alcohol Drug Abuse Mental Health Block grant, and Drug-Free Schools Money. Total current funding for contracts is \$12.5 million.

The Division has contracts for the following services: comprehensive treatment, comprehensive prevention, innovative prevention, community grants, Project SAFE grants, and high-risk youth grants. The contracts run from July 1 to June 30.

The Division's plan for new money next year include (1) improve and expand outpatient comprehensive treatment, (2) improve and expand comprehensive prevention, (3) provide additional treatment to juveniles, (4) provide additional treatment to adults, (5) expand innovative prevention, (6) expand community grants, (7) start Project SAFE grants, and (8) expand high-risk youth grants.

STATEMENT OF DR. WILLIAM LEPLEY

Senator HARKIN. Doctor Lepley, welcome. And please proceed as you so desire.

Dr. LEPLEY. Senator Harkin, on behalf of the the Iowa Department of Education and the State board of education, we appreciate the work that you do for Iowa in Congress on the war on drugs and, particularly, for drug-free schools.

The Iowa Department of Education has had an ongoing commitment to substance abuse education and prevention since about 1970. In fiscal year 1971, the department of education initiated a statewide effort in substance abuse through a U.S. Department of Education grant. Since that first year of 1971, we have established several important prevention practices in Iowa schools.

Before I identify some of those, I'd like to outline for you the philosophy from which we operate at the department. We respect significantly local control of setting the curriculum for schools and are avoiding a mandated State curriculum. We are attempting to use survey information on programs and student attitudes to assess progress toward drug-free schools. So, therefore, several of the following prevention practices are out there in Iowa schools, and I'll try to give you some sense of how many of those are doing what.

But some of those programs, we have attempted to establish model curriculums of the K through 12 educational system to use in the schools, and it's multicurriculums, not just one of the best programs. Also, Student Assistance Program; Peer Helping Program; in-school support groups for high-risk students; appropriate substance policies; a triennial youth substance behavior survey, which we have found really helpful to help us assess actually what is happening as students tell us. And we had started in 1975 with that triennial survey and have conducted that every 3 years since, and we will be conducting another one in 1990. Also, a triennial school substance program survey, which has been going on since the spring of 1981 and every 3 years since, as well as substance free postprom and postgraduation celebrations.

You would be interested, I think, in that the youth substance survey indicated that the 1978-79 school year was the peak year for substance abuse among youth in Iowa. Subsequent surveys in 1981-82, 1983-84, and 1987-88 have demonstrated a continual decline in youth's use of tobacco, marijuana, and other drugs, as well as a decline in multisubstance usage. Hopefully the 1990-91 survey will demonstrate a continuation of this decline in substance use in Iowa's elementary and secondary schools.

Comparisons between school program data and youth substance-use data have indicated a strong positive correlation between comprehensive and consistent school programming and less student drug use in Iowa. Because of this strong correlation, school districts and consortia of school districts are being encouraged to use the drug-free schools and communities funds to upgrade one or more of the following components of the comprehensive school programs. I'm not going to go through all of those. Those are included in my testimony, but just a few of those are: helpful interventions strategies with students and staff; affective life skills education curriculum; substance education curriculum; faculty competency in substance education, as well as provide district leadership and coordination of substance programming.

More and more are moving into program assessment and evaluation, and something I heard you discuss briefly in the last panel is, how do we know if we're making any difference with the money being used, which is a valid point, and my out-of-testimony thought on that, as I was listening to admittedly only the last part of the conversation when I came in.

It seems like we could focus more and more of our efforts on, how do we identify information to know whether, in fact, any difference is occurring, rather than on creating uniform kinds of curriculum, which makes everybody fit into a pattern and prevents them from responding to their local environment. And assessing on the other end—for the money Congress is investing and the State is investing, what effects are whatever the programs that are out there doing to make a difference on behavior and attitudes of students, and those that teach students, and their families as well?

An example of this is the local planning effort to obtain drug-free schools and communities funding. Since 1986-87, approximately 85 additional districts have implemented student assistance programs; 40 additional districts have included support groups for high-risk students; and 100 school districts have implemented

Quest Skills for Adolescence Program. The drug-free schools and community funding are often the catalyst for significant local activity in our schools and, for that, we appreciate that.

During the 1980's the Iowa Department of Public Health established 26 comprehensive prevention agencies which serve all 99 counties in Iowa. The funded prevention agencies provide training and technical assistance to most school districts in the catchment areas, and I think you are aware of that. The Iowa Department of Education has worked in collaboration with the Iowa Department of Health, and I heard the two legislators talking about the need for coordination among agencies.

This is also not in my testimony, Senator, but there is a dramatic transformation going on in Iowa schools in terms of how they approach service delivery. There is more and more effort in Iowa schools to work with community agencies in their locale to meet family education needs, not just the education of children.

Therefore, if I could suggest something to you to take back to Congress is, how can the categorical funding be given greater flexibility to cut across individual agencies in return for performance plans? Or, ways to assess progress so that Congress can have some assurance that their money is being well-spent.

I don't know how to do that today, but it seems to me like that's a significant idea for Congress to be able to assure public performance and, at the same time, free up some of the categorization of funds to allow localities, the various family-supported services in a community to work together. Because what we're finding, what our teachers are telling us, that the children that are coming to the classrooms today are significantly different because of the demographic, social, family, and other factors, and so it's requiring different teaching skills. And, also, they are finding unless they can have some impact on the family structure, that some children aren't making as much progress as they might.

So schools are beginning to reach out in parenting activities, working with human services, public health, and others to do that. But sometimes the funding sources, of which this is only one, are a barrier to as much collaboration that might occur. I'd be less interested, speaking personally here, in trying to move toward greater control of funding across agencies as what kind of incentives can be encouraged to cause agencies to want to work together. That's a different kind of a philosophical base but one I think that concurs with how Iowans think about things.

I think I'll stop there. There are some other comments in my testimony to you that identify specifically the amount of money per student that's coming to Iowa and how it's being spent out. And I think only one point I'd want to make to you to reinforce that fact that the money is going to good things in Iowa is that through the application process, 98 percent of the school districts participated in 1989, and 99 percent in fiscal 1990, which I think not only indicates the quality of the programs, but there's a recognition out there in Iowa schools of the significance and concerns of this issue.

I guess that would be my point in pointing out the participation, and then in my final paragraph, reinforces what I talked about. We're going to encourage schools to move away, not away from school-based programs, but a greater emphasis on community-based

programs, that schools work on all these others that affect families, because no one sector of the delivery system, if you will, can win this war by itself, which I think you've heard time and time again.

Senator HARKIN. Thank you both very much. Dr. Lepley, I will insert your full statement in the record at this point.

[The statement follows:]

STATEMENT OF DR. WILLIAM L. LEPLEY

The Iowa Department of Education has had an ongoing commitment to substance education and substance abuse prevention since 1970. We recognize, along with education professionals statewide, that alcohol and other drugs can have a devastating affect on a young person's potential.

In the 1971 fiscal year, we initiated a state-wide effort in substance education through a United States Department of Education grant. Since that first year we have established several important prevention practices in Iowa schools. These include: K-12 curriculum frameworks; Student Assistance Programs; Peer Helping Programs; in-school support groups for high-risk students; appropriate school substance policies; a triennial youth substance behaviors survey (fall of 1975, 1978, 1981, 1984, 1987, 1990); a triennial school substance program survey (spring of 1981, 1984, 1987, 1990); and substance-free post-prom and post-graduation celebrations.

The youth substance surveys indicated that the 1978-79 school year was the peak year for substance use among youth in Iowa. Subsequent surveys in 1981-82, 1983-84, and 1987-88 have demonstrated a continued decline in youths' use of tobacco, marijuana, and other drugs as well as a decline in polysubstance use. Hopefully, the 1990-91 survey will demonstrate a continuation of this decline in substance use.

Comparisons between school program data and youth substance use data have indicated a strong, positive correlation between comprehensive and consistent school programming and less student drug use in Iowa. Because of this strong correlation, school districts and consortia of districts are encouraged to use their Drug-Free Schools and Communities funds to upgrade one or more of the following components of comprehensive school programs: School policies and rules regarding alcohol, tobacco and other drugs; helpful interventions with students; helpful interventions with staff; substance education curriculum; effective (life skills) education curriculum; faculty competency in substance education; district leadership and coordination of substance programming; substance program assessment and evaluation; parent participation in school substance program; community participation in substance abuse prevention; use of community persons/agencies in school substance program; and related issues and programming.

The result of a local planning process to obtain Drug-Free Schools and Communities funding has been the targeting of program components to be strengthened. For example, since the 1986-87 school year, approximately 85 additional districts have implemented Student Assistant program; 40 additional districts have implemented support groups for high risk students; and 100 districts have implemented the Quest Skills for Adolescence Program.

The Drug-Free Schools and Communities funding was often the catalyst for significant local activity such as staff development and the implementation of appropriate curriculum and instructional materials. Seldom did the Drug-Free Schools and Communities funds completely cover the costs of local efforts. Local public and private funds were used to complement the projects undertaken through Drug-Free Schools and Communities funding.

HISTORY OF DRUG-FREE SCHOOLS AND COMMUNITIES FUNDING IN IOWA

During the 1980's, the Iowa Department of Public Health established 26 comprehensive prevention agencies which serve all 99 counties in Iowa. The funded prevention agencies provide training and technical assistance to most school districts in their catchment areas. The Iowa Department of Education has collaborated with the Iowa Department of Public Health and their funded prevention agencies to upgrade school programs. The established network of prevention agencies facilitated a rapid expansion in school programming when Drug-Free Schools and Communities funding became available.

In June, 1987, the Iowa Department of Education received its first Drug-Free Schools and Communities funding. School districts and consortia of districts were encouraged to apply to the Iowa Department of Education for appropriate use of an

entitlement of \$2.27 per student enrolled in grades K-12. Ninety-seven percent of our districts were funded for the fiscal year of July 1987-June 1988.

An annual application process was followed in fiscal 1989 (per student entitlement of \$2.65) and in fiscal 1990 (per student entitlement of \$3.87). The school district participation rates were 98 percent in fiscal 1989, and 99 percent in fiscal 1990. Obviously Iowa schools have a strong need to educate students and staff in the dangers of substance abuse.

During the next 3 fiscal years, the Iowa Department of Education will encourage school districts and communities to shift their focus of effort from school-based to community-based programming. In essence, we (IDE) will attempt to turn the Federal act's title from Drug-Free Schools and Communities to Drug-Free Communities and Schools, and stress more community ownership and collaboration with schools. We believe that only through such collaboration can we win the war on drugs.

DRUG-FREE SCHOOLS AND COMMUNITIES FUNDING FOR IOWA SCHOOLS

	Fiscal year—			
	1988	1989	1990	1991
K-12 enrollment.....	528,892	526,994	524,186	522,993
Number of public school districts.....	436	436	433	431
DFSC total funds to IDE.....	\$1,336,698	\$1,553,850	\$2,251,771	
IDE administrative.....	33,417	38,847	56,294	
IDE technical assistance.....	100,252	116,539	168,883	
Reimburse to districts.....	1,203,029	1,398,465	2,026,594	
Per student entitlement.....	2.27	2.65	3.87	

Senator HARKIN. Mike, I might just focus on this a little bit, and then I'll end with you.

I'm trying to get a good handle, Janet, on the increase from \$4.8 million to \$7.8 million from last year to this year of the amount of money that goes to block grants. Where is the bulk of that money going? What's it going for? Is it going to the treatment centers? Where is the bulk of that increase going?

Ms. ZWICK. The bulk of that money is going to comprehensive treatment. Thirty-five percent of it is required to go to alcohol; 35 percent is required to go to drug, by law; 10 percent is required to go to women in treatment, by law.

Senator HARKIN. We've got 80 percent?

Ms. ZWICK. That's correct, and the rest is going to prevention.

Senator HARKIN. And 20 percent goes for prevention. In that increased money, is that broken down any further than that? When you say prevention, how much flexibility do you have for the 20 percent that goes to prevention?

Ms. ZWICK. We fund comprehensive prevention programs. And we have 26 of them throughout the State. They are funded on a formula basis in accordance with the per capita. There is a program base and accounting base, and that's how we get the prevention money.

Senator HARKIN. Is that established at the State level?

Ms. ZWICK. Yes.

Senator HARKIN. So you can change that if you want?

Ms. ZWICK. Yes.

Senator HARKIN. So from the Federal Government standpoint, the 20 percent you get for prevention really is very flexible. You can do with that whatever you want?

Ms. ZWICK. That's correct.

Senator HARKIN. I'm trying to get a handle on this flexibility aspect. It appears there's not much flexibility, but the more I look at it, there does seem to be some flexibility. Now, the 35 percent that goes to alcohol, now, again, the Federal Government can assess that you are 35 percent alcohol, 35 percent for drug abuse, drug, and alcohol; but within that, the 35 percent that goes for drug abuse, can you design the programs for where that goes?

Ms. ZWICK. With the exception of the amount within that 35 percent that goes to the IV drug abuse.

Senator HARKIN. Right. That's the one.

Ms. ZWICK. And that is an exception there. But they can be designed in accordance with the State's plan and the State's need.

Senator HARKIN. And you can opt out of that?

Ms. ZWICK. Yes; we have not at this point. And I think that we will probably need a waiver in future years.

Senator HARKIN. But you can get that, as I understand?

Ms. ZWICK. I've heard that several States have applied, but as of a couple months ago, it had not been approved yet. It could be by now.

Senator HARKIN. Let me know if you have any problems getting that approval for Iowa. It ought to be approved for Iowa.

Then the 35 percent that goes for alcoholism, again, within that, you have the flexibility to design the program?

Ms. ZWICK. That's correct.

Senator HARKIN. Do you think that mix of 35-35 should be changed?

Ms. ZWICK. I think that when you're looking at some of the rural States and the fact that we have a higher alcohol problem than an actual drug problem right now, although a lot of it is probably drug, sometimes the mix of 35 percent alcohol, 35 percent drug is cumbersome.

Senator HARKIN. When you use the 35 percent in the drug abuse, however, to go to the treatment centers, as you point out, many of the treatment centers that treat someone who is in for drug abuse, it's multiple. It's alcohol as well as drugs. So there must be some spillover there.

Ms. ZWICK. There is some spillover, and what basically treatment centers need to do is to identify it as a primary drug instead of a primary alcohol so that that amount of money as you like in your matrix can be counted that way.

Senator HARKIN. In the ADAMHA block grant that comes out, there's a portion that's set aside for mental health.

Ms. ZWICK. Yes.

Senator HARKIN. And that's based upon what you spent in Iowa in 1989?

Ms. ZWICK. I believe so.

Senator HARKIN. I'm informed by my staff that the percentage that was used for mental health in 1980-81 is the same percentage that must be used today of it. Is that valid? Do you know if that needs to be changed?

Ms. ZWICK. We have the flexibility within that block grant to the legislature and have the flexibility to give mental health—I believe it's up to 10 percent of the total block grant. And we have used that flexibility in Iowa so that mental health has had an increase. I

believe what it shows in the figures that came out that, I think, mental health receives about \$46,000. The block grant bill that I just rewrote for this present year, we used the entire 10 percent and ended up with about \$700,000. So with the ability for the States to have that flexibility, I don't see an issue of that.

Senator HARKIN. OK. Now, this new package that I mentioned is \$218,000 coming in this year. And in addition to reducing the waiting lists of treatment centers, how are you administering that money?

Ms. ZWICK. Prior to this year, there was a waiting list treatment grant that went through ADAMHA that we did apply for, Senator. We did not receive the money for that. I have just seen the \$218,000 figure. What I still do not understand, and as I looked at it earlier again this morning, is if this is going to be coming directly into Iowa, or if that is going back into the ADAMHA block grant and will fund the block that we did hand in approximately 6 or 8 months ago.

So depending on how that goes, I'm not sure I can answer that real well for you. We do have a grant in. It was for the TOE Program at Clarinda, which is in the correctional system at Clarinda, and it met all of the waiting list requirements; and it was recommended for funding, but there was no funding, and I believe the amount of that grant was around \$280,000.

And so as I relooked at the legislation and the information that I've received, I can't tell how that waiting list is going. If we have flexibility in regards to that, the 1,400 people that the Governor talked about being on a waiting list, we calculated a cost of \$4 million toward that, and we will, needless to say, make a small debt to that amount.

Senator HARKIN. I'm interested in knowing the followup on that. What's happening to that \$218,000? In your view, how many treatment slots do we need in Iowa?

Ms. ZWICK. Basically, what I have looked at and what I would like to do is to at least eliminate, if not substantially reduce—substantially reduce or if not eliminate—that waiting list. So that would mean 1,400 people that could be treated within Iowa. The difficulty with really getting a handle on that is that you can't tell how many on the waiting list refused to be put on a waiting list and how many more out there really wanted treatment and we're unaware of.

I guess at this point I would like to either reduce the waiting list or eliminate it and then look and see where we're at from there.

Senator HARKIN. So 1,400 additional slots there is what you're looking at. What's the cost for slots?

Ms. ZWICK. Depending on what you need, there's a difference in cost for assessment as well as outpatient, residential, extended residential, and halfway houses. I think the assessment was about \$500 outpatient and about \$2,500 to \$3,000 per client. Residential, I think, was between \$5,000 and \$7,000, depending on the length of stay.

Senator HARKIN. OK. Now, let me ask you another question. I don't mean to get you in a fight with Dr. Lepley here, but I was somewhat surprised that your office, department of health, admin-

isters the drug-free schools. I would think that this drug-free schools money should go through the department of education.

Ms. ZWICK. Basically, the Governor looked at that, and it was supposed to be used for high-risk youth. We felt, in particular, that when you were looking at the education system, that you were just dealing with children in the school system. And the high-risk youth, you have a lot of children who have dropped out of the school system, too, and so there was a feeling that it was better placed within our organization instead of the department of education.

I'll let you add to that.

Dr. LEPLEY. I have no problem with that. The sense to me is that goes back to, I think, our schools are changing dramatically, and they will change even more in the future; and I think we have to look at all kinds of different ways of doing business than we have in the past.

My sense is with the department's strong rule in this area, both in developing model curriculums that help schools make judgments; and the other is to assess and monitor progress toward the goal of drug-free schools, and our surveys help us do that. Sometimes some of the ways funding is set up, both Federal and State, though, it does not reward collaboration because of the need to identify money with something.

We just proposed that the Governor develop a cooperative program with the corrections department for education of adults that are in penal institutions. We were doing that because of a significant need in trying to support corrections but, in essence, it was included in our budget proposal, so it becomes an efficient package; therefore, higher priority than other proposals that I made specifically for education. That's not criticizing the Governor or anyone else. That's the nature of what we try to do to aid categorical funding, what happens when you move toward collaboration.

But, nevertheless, I think the bottom line you're here after, and I think the Governor, hopefully all of us is, how are we serving people better?

Senator HARKIN. I was just curious.

Dr. LEPLEY. When I came into this job, I asked that same question. "Well, what happened here?"

First of all, it's a close working relationship, and as long as you can have that, that probably is going to supersede any ruling or regulations, because people who are in positions of altitude, they protest whatever you pass in Congress or is passed in our local legislature to work or not work, it seems to me.

Senator HARKIN. Dr. Lepley, in your testimony, you seemed to disagree a little bit with point No. 9 of the 30-point plan that the study committee came up with. And point No. 9 says—do you know what I'm talking about?

Dr. LEPLEY. No; I don't.

Senator HARKIN. Both Senator Mann and Representative McKinney and I talked about this. Point No. 9: The committee recommends that the department of education develop a comprehensive program and curriculum for the instruction of grades K through 6 concerning substance abuse, with implementation of this plan to be

completed as soon as possible, but not later than the 1991-92 school year.

In your remarks, you seemed to indicate you needed more, and you needed a number of different plans and a number of different curriculums. Did I misunderstand that?

Dr. LEPLEY. I don't want to try to interpret what you just described. I need to get more information from my staff. But my sense is that if it's a comprehensive plan to assess quality of programs that are out there and also assess the progress against substance abuse, I agree. If it's talking about a uniform curriculum that's offered in every grade as a system, I disagree with that intensely, because I think the States that tried to do uniform curriculums across the country, starting with the "Nation at Risk" report in 1983, are now coming back around and saying, "We're stifling teachers' ability to teach, to use their skills, to do what they need to do to meet the local needs." So they are moving away from that and moving more and more into what we're trying to do and provide model curriculums, which I think that plan can do that, for one; and, second, assess progress.

I gave you some information that would indicate in our student surveys, the program surveys, that, in fact, substance abuse is declining among youth in Iowa, not increasing. That doesn't get many headlines in very many places, and yet we have data to demonstrate, at least with that constituency, that there, in fact, is a decline in the use of substances among youth in Iowa. Whether that next survey tells us that or not, we'll see.

Senator HARKIN. Thank you both.

STATEMENT OF MIKE FORREST

Senator HARKIN. If you want to stand by, I'm going to turn to Mr. Forrest now, who is the coordinator of drug policy. I can never keep that long name straight. Welcome the drug czar here. Mr. Forrest, your statement will be made part of the record. Please proceed.

Mr. FORREST. First, I'd like to thank you for the cooperation I'm receiving from your Des Moines office.

Well, Senator, you've posed the question of how Iowa intends to use Federal funds, including the substantial increases by the Congress for fiscal 1990. And in the case of the Governor's alliance on substance abuse, that amount rose from \$1.55 million to a figure of \$4.8 million, plus whatever Gramm-Rudman did to it.

Because of the requirements for administration of these funds by the Bureau of Justice Assistance, substantial time is needed before they can be gotten into the hands of recipients. In 1990 we hope to back that up 90 days, from October 1 to June 1. At this point, we don't think there will be a problem in doing that.

It's difficult to express, however, how these particular funds will be used since, as a practical matter, they are all competitive grants, and we really have to wait for the grant application requests that we get. And in that sense of the word, the grantees are the people who determine how the money is spent.

Now, then, the grant application requests have to fit within the BJA guidelines, and they have, I think—there's 21, if I recall—21

areas which you can fund. An example would be apprehension. An example of that funding would be paying overtime for two policemen in town A in Iowa for 1 year and so forth.

However, we do have some requirements for funding, and this particular grant pursuant to statute of the Governor's alliance on substance abuse falls under my jurisdiction legally on July 1, 1990. As a practical matter, we're already cooperating on that, and there are a couple of areas of which I've given some instructions to the administrator of the Governor's alliance on policy matters, not who gets it, but we want to get into these areas and get them funded.

The first one is judiciary activities, and I have hopes that this year we'll be able to do both a pilot project for the judiciary with the idea we either enhance or cut down on the backlog or whatever, and that we get some judicial training in, which actually is already started, although we weren't part of the funding. My office was part of the planning for that activity, and we expect to get 6 full hours in June or September, depending on other events in 1990, with all 100 judges in Iowa. So I think that will work out well.

The second thing that I'm interested in as a high priority, as far as law enforcement goes, is to give priority to multilevel jurisdictional task forces. Now, that's just the stacking of police forces, sheriff's deputies, and right on up, even as high as the U.S. Attorney's Office, if that's the way that communities want to run it. And these bodies have been very effective in putting together the evidence that's required for substance abuse convictions, and so I'm urging that we, as I said, give them veteran's preference. They aren't guaranteed anything because they have a task force, but they do get a leg up; and if we think they are doing something pretty good, why, we would like to—the idea is to get more task forces formed. These are particularly effective in the less populated areas where there are fewer police officers.

As you undoubtedly know, new faces are the name of the game in substance abuse activities, and this provides flexibility where you send a sheriff's deputy from town A to town B, and a police officer from town B to town C. We're able to do some pretty good things that way.

Governor Branstad has agreed in principle with the leadership of both parties of the general assembly that we'll have the 10 special agents he referred to and a second set of increments of 10 special agents for the Department of Narcotics Enforcement, and 4 additional lab personnel and, in this case, 8 additional special substance abuse prosecutors.

And I have high hopes that these activities will be funded. I think there's a good chance they will be. And I'm confident if we get this added increment to Iowa law enforcement, it will make a difference as we face up to 1990, because there's going to be enormous pressure on, all the way from police, to prosecutors, to courts, to incarceration facilities, as well as treatment and hospital facilities. With all of the funding that we have been provided this year, we are going to identify more people. That means we'll have more people in the system.

Finally, if the 10 special agents are funded, there was a general consensus in the legislative leadership conference that 3 of those

could be set off for what's known as a diverted drug group. And this problem stems from drugs which are legally issued pursuant to prescription but somehow or other find their way into hands that they are not intended for. And according to DEA, this is 40 percent of the drug problem in the United States. That's enough to make a special effort for.

Now, as I pointed out earlier, I'd like to take just a minute to talk about a couple of things that are outside government but not related to the grants, in other words. The drug-free workplaces have been picking away at that as best we're able with the time we have. But I think there is sentiment now for a sensitive position statute, much as is being planned or passed federally. I'm not sure which. I know there's talk about it, and that is, people that are in sensitive positions, in positions to hurt themselves or others in the course of their work, that they could be randomly tested for drugs, and it would be limited, of course, to that category.

Second, student assistance teams. One of the best things I've seen out in the schools is schools where they have what they call SAT's—not related to the testing—but these are groups of teachers who simply volunteer their time at a noon hour or after school or whenever. They try to identify children that may be having problems of any kind, but often these days, they turn out to be substance abuse problems. And it sets some kind of course of action to try to assist the child, and I think that program should be supported. And we're going to try to do what we can for that this year.

And, finally, I'm in hopes that the Extension Service, which is taking a look at this, will come up and say, "Yes; we can provide some kind of minimal training for interested farmers to identify ditch weed marijuana."

You know, we have marijuana growing wild in Iowa and have for many years. This is not a product of sufficient quality to be marketable in and of itself, but it is used to cut the now 12-foot type marijuana plants we're seeing in Iowa and elsewhere in the United States. They cut that with the weaker marijuana obtained from the ditch weed, and it would be—obviously, if we had a lot of farmer's eyes looking all over Iowa trying to pick this up and reporting that information, if it's appropriate, to local law enforcement, I think it would be a real help. So hopefully that will go ahead.

That concludes my remarks, except for questions.

Senator HARKIN. Thank you very much.

[The statement follows:]

STATEMENT OF MIKE FORREST

My task under the new Iowa law contemplates coordination of all substance abuse activity in state government. However, federal funding is distributed between the Department of Education, the Department of Health, and the Governor's Alliance on Substance Abuse which is subordinated to my office. So that from the standpoint of federal funding, which you have inquired about, Janet Zwick, Director of the Division of Substance Abuse in the Iowa Department of Public Health, will speak first. Then Dr. Lepley, Director of Public Education, and I will conclude with law enforcement activity federally funded through the Governor's Alliance on Substance Abuse. After that I'll take just a couple of minutes to discuss some items that my office is involved with in the private sector.

You've posed the question, of how Iowa intends to use federal funds including the substantial increases approved by the Congress for federal fiscal year 1990. In the case of the Governor's Alliance on Substance Abuse, that amount rose from a fiscal

1989 figure of \$1.55 million to a welcome, reported, figure of \$4.8 million, less whatever impact the Gramm-Rudman-Hollings Act may have on it. Because of requirements for administration of these funds by the Bureau of Justice Assistance, substantial time is needed before they can be gotten into the hands of recipients. In 1990, we hope to back that up 90 days from October 1 to July 1. At this point we see no obstacles to making that date.

It's difficult, however, to express how these particular funds will be used, since they are all based on competitive grant applications, and as a practical matter the grantees, in fact, determine what programs are to be funded through their grant application requests.

However, we do have some priorities for funding which we have made publicly available to interested criminal justice system agencies. These include judicial training and enhancement pilot projects which we're expecting to bring into GASA funding for the first time this year. Also I have advised the administrator of the Governor's Alliance that she is to give priority to multi-level jurisdictional task forces that are assembled under intergovernmental agreements for purposes of substance abuse activity. In this connection, I have made it clear on the one hand that having a multi-level task force is no guarantee of funding, but on the other hand they will get the rough equivalent of a "veteran's preference." This of course is to encourage formation of these groups which we find are efficient in aggregating the evidence necessary for criminal charges which lead to substance abuse convictions.

Governor Branstad has agreed in principal with the leadership of both parties of the General Assembly that 10 special agents for the Department of Narcotics Enforcement, 4 laboratory personnel, and 8 special substance abuse prosecutors can be funded for SFY 1991 using a mix of state and federal funding. These augmentations to the criminal justice system in Iowa, I am confident, will make a difference as Iowa looks toward tremendous pressure on peace officers, prosecutors, courts, hospitals/treatment centers and detention facilities during 1990.

Finally, if the 10 special agents are in fact funded there was general consensus at the legislative leadership conference on November 10 that 3 such officers could be dedicated to a diverted drug unit to enable Iowa to pursue this apparently highly aggravated practice of legally issued, but improperly used, prescription drugs, which the Drug Enforcement Authority contends is 40 percent of the drug problem in the United States.

Now I'd like to take just a moment to discuss a few activities outside government.

DRUG FREE WORKPLACES

We have hope that the General Assembly will pass a "sensitive position" statute enabling random drug-testing of personnel in sensitive employment positions which are not presently contemplated by federal statute. I have visited with both employee and employer representatives concerning this and I think there is interest in passing such legislation.

Student Assistance Teams.—These are teams of caring teachers in schools who volunteer their time to review amongst themselves students who they think might be having difficulties of any kind, many of which turn out to be based on substance abuse. I'm in hopes that research for extension of this program can be provided in part by private funding as McDonalds has done for the "Smoother Sailing" pilot program in the Des Moines public schools.

Last, it's my hope that the agricultural commodity groups and general farm organizations will fall in line with a tentative plan for the Extension Service to provide training for farmers throughout Iowa for recognition of "ditchweed," marijuana. We're finding that this common broadleaf is being purchased, and taken (primarily) out of state where it's blended with higher quality cannabis, to bring its potency down somewhat, thereby making it a more marketable product. It's our view that with Iowa farmers on the lookout for such plants throughout Iowa, that their information when appropriate can be placed in the hands of local law enforcement for appropriate action.

That concludes my remarks. Thank you.

REDUCING THE INCIDENCE OF DRUGS AND DRUG ABUSE

Senator HARKIN. Just a couple of things. Again, my compliments to you. I know you don't have—work with not much of a staff, if any at all, and you have a heck of a burden, and I appreciate the

job that you're doing. And any time that we can assist in any way, let us know. We will continue to do anything we can.

One thing, and I meant to ask the other ones too, but do we have an overall plan or goals, or are you developing such a thing for the next 2 or 3 years, what some of our goals might be in Iowa in terms of reducing the incidence of drugs and drug abuse? Well, we had the one on the schools the legislators talked about.

Mr. FORREST. We are making such a plan. I have announced a good portion of that in the annual report, which was released last week. But I wanted to make this point because it's so important in Iowa, and that is that the legislature is not charging me with only drugs. They charged me with substance abuse, which under the Iowa law includes alcohol, and I'm satisfied that among our young people, that is the drug of choice, and by some little distance.

What worries me most is that both Dr. Lepley's survey that he referred to, released in 1988, I guess, and this recent poll by Iowa State University, reflected a rather significant differential for Iowa young people, particularly women, exceeding the national average in abusing alcohol.

Senator HARKIN. Let me ask a question about that. I read that poll. I even mentioned it in my opening remarks. But it looked as though the poll was saying, "If you've used alcohol in the last year." I mean, that could be one drink of beer in the summertime, you know. And if you are answering the poll faithfully and saying you want to be honest and ask if you have ever used alcohol in the the last year. "Well, last summer I took a drink of beer."

Mr. FORREST. It's a national level comparison, and that's what has me concerned.

Senator HARKIN. I don't know if the question is the same on the national level. I don't know if the question asked in the Iowa poll is the same as the national level of young people who are alcohol users, who have used alcohol on a continuing basis.

Mr. FORREST. Obviously, there's a problem.

Senator HARKIN. Well, it's been something I've been meaning to get to the bottom of.

Mr. FORREST. When you read Dr. Lepley's survey, you see this tendency toward alcohol. More Iowa young people apparently use drugs less than the national average, and alcohol somewhat more.

Senator HARKIN. I understand that.

Mr. FORREST. To answer your question, then, yes; we're putting some things together in connection with that. If you're going to ask me, "What can I do to help?" I would answer this way. The most important thing we can do for substance abuse in Iowa is to resolve the problem and to get reliable comparative data on what is the problem in the general population. The only information we have that's really reliably put together is what Dr. Lepley's office has provided us. It's a final study, but it deals with 212,000 Iowans that are in the 6th, 8th, 10th, and 12th grades in 1987. What we need to know is what's going on in the general population. We don't know that; 23 million Americans used cocaine more often than once a month in 1985. That's 1 in 10 Americans. Is that 1 in 10 Iowans? Who knows?

So that's a problem that we really need—in order to attack our problems intelligently, we need to know what it is, where it is, what frequency. But research is expensive.

Senator HARKIN. How much emphasis should we place on early childhood education?

Mr. FORREST. Well, if Mrs. Forrest was here, she would tell you all of your emphasis.

Senator HARKIN. I would agree with that.

Mr. FORREST. She spent all of her life studying that. I don't think there's any question that success that people in Iowa, citizens in Iowa, tell me the DARE Program is having with their fifth and sixth grade children, that it does make a difference, you know, and that we do need to get at this training in the early grades and not just in high school. I don't think there's any doubt of that, just from listening to Iowans talk about the programs.

Senator HARKIN. Someone is telling me I better get moving.

Anything else any of you want to impart to me, or any questions that you might have of me or suggestions? Do you have any elaborations you want to add for the record on the funding aspect?

I asked the Governor this. We have our 302(b) allocations, and that is when we sit down around the table and get our pot of money for allocations, we see how much goes in these different pots. My pot happens to be education, treatment, prevention. I don't have the endorsements. But in those, are we about on target in terms of the mix of what we are doing with education, treatment, and prevention? Should we put more in education?

Ms. ZWICK. I guess I basically would like to encourage you to look at the revolving group home loan funds. I can never say that term right.

Senator HARKIN. I was going to ask you about that. What is that \$100,000 group revolving loan? What is that?

Ms. ZWICK. It is basically \$100,000 that needs to be set aside to be loaned out to new group homes for recovering individuals to live in. I believe either \$2,000 or \$4,000 is the amount of the loan, and it is administered through the block grants.

Senator HARKIN. For Iowa it's \$100,000?

Ms. ZWICK. Yes; for everyone it's \$100,000.

Senator HARKIN. Regardless of population?

Ms. ZWICK. Regardless of population.

Senator HARKIN. And we get \$100,000 to loan out to group homes?

Mr. FORREST. We take \$100,000 out of the block grant, as part of the block grant.

Senator HARKIN. Out of the whole ADAMHA fund, after the set-asides.

Ms. ZWICK. I'd like to have you look at that.

Senator HARKIN. I will.

Ms. ZWICK. I would like to continue the type of flexibility that we do have in there. Don't put any more percentages on that block grant. We can live with what we have. Again, the waiver on the IV drug abuse and, needless to say, I want to continue the block grant. I would not like to have changed—any categorical changes, because that will be harmful to the rural States, including Iowa. Thank you.

Dr. LEPLEY. Senator, just a couple points. I want to elaborate on the points I made earlier as you give consideration as to where you appoint money. If you could continue to look at how you can build incentives into various agencies to cooperate and focus on the concept of family rather than just education of children, because that opens us to new avenues of working together, I think.

And the final point is, there's always a question of whether I should go to localities or go to States, and whatever program, that always gets in the discussion. From my point of view, if you could continue to think about in your deliberations of, how can the State gather efficient and effective kinds of information that allows both Congress and State policymakers to make good judgments about how money is spent? It's sort of defining what is the proper role for the State and locale to get rid of all the motives of who's trying to do what to whom, which oftentimes appears in the lobbying efforts at your office.

Most creativity is going to occur at the local level, but the quality assessment seems like an appropriate role for the State. How can Congress help us do that more effectively, and to some extent, keep our feet to the fire to see that we are doing that effectively?

ADDITIONAL SUBMITTED STATEMENTS

Senator HARKIN. At this point in the record I would like to include statements of several interested parties that I regret we could not also schedule for oral testimony.

[The statements follow:]

LETTERS FROM CHARLES L. CRAMER, SERGEANT, DES
MOINES POLICE DEPARTMENT

09 January 1990

Senator Tom Harkin
United States Senate
210 Walnut Street
Room 733 Federal Building
Des Moines, IA 50309

SUBJECT: Senate Hearing Administering Anti-Drug Programs in
Iowa

Dear Senator Harkin:

Federal Grant money should be made available directly to the cities instead of being funneled through the states. This should be done for the following reasons:

1. Cities know their own needs better than the state.
2. It will avoid additional or unnecessary administrative costs.

First, local governments (cities) are in the best position to make the best judgement. In many cases there is a lack of agreement with the priorities chosen by the state, which may or may not be consistent with the needs of the city.

Most cities have capabilities to administer their own needs. Cities already have their expertise; they identify their needs, budget their money to meet their needs, and then administer their programs. All wisdom does not rest at the state level.

Just recently, for example there was Federal money available to use in anti-drug programs within the state. The city of Des Moines put together a plan which would utilize the grant monies available to help rid the drug menace at the "Homes of Oakridge". The city asked for approximately \$80,000. The money would have been used to train additional Oakridge security; to increase crime prevention efforts and place additional police officers in the area through overtime. The package met with all of the Federal guide lines.

However, the State only approved approximately \$3,200 of the proposed \$80,000. The State dictated to the City their needs without any consultation with the City or the Police Department, who know what the needs of Oakridge were. This was a disappointment, not only to the Homes of Oakridge, but to the City of Des Moines.

The above example indicates how arbitrary in nature the State can be when their priorities differ from the City. The State can make decisions which clearly do not meet the needs of local governments.

Second, it will avoid unnecessary administrative cost if funds were sent directly to the Cities. There are "X" number of Federal dollars going to the State which do not funnel down to the Cities or Local governments. These dollars are eaten up in administrative cost by going through the State Bureaucracies.

There are often increased State requirements. Like most bureaucratic entities, everybody has to do something to justify their existence. In many cases additional requirements are made by the State in addition to the already existing Federal requirements.

States philosophically indicate that local governments cannot administer their own funds, which of course is not true.

Smaller towns and local governments could ask the State for assistance if they do not have the expertise to apply for a Federal Grant.

By granting the cities direct funds does not mean that there will be no coordination between the State, County and Local governments. This can be done by regional planning, thus the State would still have its State wide plan. Federal Grants going directly to the City will cut administrative costs, save the taxpayers dollars, while still holding the City accountable for the programs.

In addition, a separate issue concerns the cash match requirements. The Federal money match must be eliminated. Currently cities match 25% of a Federal Grant. In many cases the cities just do not have the match money available. What this process tends to create is cities looking for programs that are affordable rather than programs that they need. By dropping the cash match requirement by the participating cities would enable local government to utilize the grant monies much more effectively and more important to use the money where it is needed.

Senator Harkin, we need Federal Grants to go directly to the cities so that we can better serve the needs of the community, which will in turn save tax dollars because of lower administrative cost.

Sincerely,

Charles L. Cramer

Sergeant Charles L. Cramer
Neighborhood Area Resource
Coordinator

9 January 1990

Senator Tom Harkin
United States Senate
210 Walnut Street
Room 733 Federal Building
Des Moines, IA 50309

SUBJECT: Senate Hearing Administering Anti-Drug Programs in
Iowa

Dear Senator Harkin:

The Federal and State forfeiture laws have proven effective as law enforcement tools. A benefit is the civil penalty it creates for drug dealers. It helps eliminate the profit gained by the drug violator. If we are to make in-roads in our fight against the drug dealers, we must be able to take the profit out of their drug activities. Congress enacted a strong forfeiture law in 1984, "To give force to the old adage that 'crime does not pay'. They intended to lessen the economic power of organized crime and drug enterprises."

The Iowa forfeiture law is now under attack by certain groups in the State Legislature. It was saved last year by the governor's veto. We in law enforcement know that the law is an essential tool in the fight against drug trafficking. We believe that it is a good law, one that the entire community can live with, and benefit by.

The Federal Government also believes that this law is a valuable and important tool to combat the spread of drug trafficking. It is one we must not lose. We ask and need your support in this area to help insure that our forfeiture law is maintained as it is currently written.

The drug enforcement effort is very expensive. By having assets (drug forfeitures) funneled back to the police agency responsible it provides for a partial offset of investigative costs.

Officers, who take the greatest risk, should be entitled to use the funds confiscated in a forfeiture procedure. These funds are used to help safeguard and protect the officers, through the purchase of safety equipment which a Federal or State grant would not normally allow.

Drug dealers now have police scanners, radios (walkie-talkies) and other high-tech, sophisticated equipment to counter-act the law enforcement effort. Police departments need new and updated surveillance equipment just to keep even with the drug violators in our local communities.

Why not use the profit taken from a drug dealer in a forfeiture to finance the cost of purchasing surveillance and other law enforcement equipment and needs instead of using the already overburdened tax-payer dollar.

Senator Harkin, the Des Moines Police Department believes that it is absolutely imperative that we keep the forfei-

ture statutes as written if we are to continue our effective fight against the drug dealers in the State of Iowa. The current forfeiture law (to seize vehicles, property and monies) as authorized by Chapter 809, State Code of Iowa, is a tool which has demonstrated to be a real deterrent in the battle against drug dealers in the Des Moines area.

The Federal Government could ensure the integrity of State Forfeiture Laws by mandating the existence of certain requirements, if Federal anti-drug money is to be excepted.

Sincerely,

Charles L. Cramer
 Sergeant Charles L. Cramer
 Neighborhood Area Resource
 Coordinator

STATEMENT OF KATHY CONNOLLY SPARKS, COMMUNITY RELATIONS COORDINATOR, OUR PRIMARY PURPOSE

Our Primary Purpose began on July 7, 1982 with a belief that the youth of Iowa had a drug and alcohol problem. Since this was a community problem, the founders of Our Primary Purpose felt that the State and Federal treasuries should not be burdened with the cost of treatment for the community's youth. Our Primary Purpose has been successful with that approach until the present time, although it is becoming increasingly more difficult with the rising costs of health care and the concomitant decrease in insurance coverage for substance abuse treatment.

Our Primary Purpose's philosophy states "no adolescent should be denied treatment because of financial reasons." We have desperately tried to live up to that commitment. Our Primary Purpose has given close to half million dollars in scholarship money to families with financial hardships. We will not compromise quality treatment because of cost.

I would like to review for you ten points that may assist you, as a politician and public servant, to develop policies and a health care system for those that are suffering from the disease of chemical dependency.

1. **THE UNINSURED.** There has been a dramatic increase in the number of uninsured in this country -- approaching 40 million individuals. This number does not include all of the under-insured individuals who have had their benefits decreased by those attempting to control health care costs. This seems to be the ostrich method of controlling health care costs: "If we don't pay for the health care of sick individuals, then health care costs will diminish." The fact is that every day we see persons who cannot access needed substance abuse treatment. The costs to society are immense: chronic substance abusers have more health problems than the general population, so they use the health care system to a disproportionate degree (whether they are covered by private health insurance or using the welfare system). Chronic substance abusers also find their way into the criminal justice system to a much greater degree than non-substance abusers.

2. **THE CRIMINAL JUSTICE SYSTEM AND PRISON POPULATION.** Statistics indicate that 85% or more of the persons incarcerated in prisons, reformatories, or correctional institutions either suffer from chemical dependency or have been involved in a drug and alcohol related crime. In a recent study of 21 cities, up to 90% of those arrested tested positive for illegal drug use at the time of the arrest. The cost to the taxpayer and society alone is unbelievable and cannot be resolved until society recognizes the benefits of treatment, education, and prevention as well as enforcement. Perhaps it is appropriate to point out here that treatment, even long term intensive treatment, costs less than incarceration.

3. **THE LACK OF ACCESS TO TREATMENT.** The issue, for offenders and the general population of those suffering from chemical dependency is the lack of easy ACCESS TO TREATMENT because of the following barriers: (a) Iowa does not mandate or encouraged insurance coverage. (b) Third party insurance - generally pays for a limited period of treatment, and not for continuing care following treatment which is vital to the recovery process. Also there is usually a limitation on the number of days allowed for

treatment. This does not always cover the period of treatment time that the patient needs. (c) Appropriate long-term treatment for indigent people. Long term treatment has been shown to be at least as effective for chronic late stage disaffiliated substance abusers as shorter term treatment is for those less severely affected by the disease. The state of Iowa has no long term substance abuse treatment for late stage disaffiliated substance abusers, a group for whom short term treatment is patently ineffective.

4. **SINGLE WOMEN WITH CHILDREN.** Teen mothers account for 550,000 births per year, and half of those teenage mothers are unmarried. Substance abuse is significant in unmarried teenage mothers. One quarter of American families are headed by single women. *70% of all children will reside in a single parent home at some time before they reach the age of 18.* In America, 20% of families live at the poverty level, but 50% of minority households are at the poverty level. The barrier for these people to get treatment is not only when they ask for help and are refused due to lack of financial assistance, but many are fearful to ask for treatment lest their children be taken away permanently by the State. Others are enmeshed in dysfunctional relationships which mitigate against accessing treatment.

5. **LOSS OF EDUCATION AND INCREASE IN THE DROPOUT RATE.**
 - By the senior year in high school, according to the National Institute on Drug Abuse, the vast majority of young people have tried alcohol. Indeed, while two thirds have used alcohol in the past month, less than one third have used cigarettes in the same month. More than half smoke marijuana, and over a fifth have used marijuana in the past month. And one in six has tried cocaine. These youngsters are starting to use drugs in grade school. In 1987, 30% of high school seniors had begun their use of alcohol by the time they finished eighth grade. The dropout rate is increasing, deadly weapons are found in the schools and on the students which means, schools are no longer a safe place even for those who have not begun to use drugs. Educators are so

burdened with the effects of the social and personal problems of their students that the schools' primary purpose, education, frequently suffers.

6. **THE DECLINE IN THE PRODUCTION OF TALENTED AND SKILLED EMPLOYEES.** Due to the increase of drug and alcohol use and abuse in today's society, many employees attend their jobs under the influence of alcohol or other drugs or are affected by severe emotional distress caused by the behavior of an addicted family member. This not only affects their productivity on the job, but also affects their relationship with their fellow employees and supervisors. Employers will notice an increase in absenteeism, labor disputes, job related accidents, and a loss of production, which eventually results in a loss of profits and revenue. Perhaps even more alarming is the fact that the pool of qualified applicants for employment is shrinking: the number of under educated youth is alarming. The number of drug addicted youth is growing. The problem has reached catastrophic proportions and, if not corrected, will seriously affect the nation's productivity in the near future.
7. **AIDS AND DRUGS.** Two critical epidemics that go hand in hand and will increase in our society today if education, prevention, and treatment are not focused upon. The cost of these two diseases will have a significant impact on the health policy-making in this next decade.
8. **BREAKDOWN OF THE FAMILY SYSTEM.** Chemical dependency not only effects the person that suffers from the illness, but is also affects those that live with the ill person. It has been shown that for every chemical dependent person, five others will be touched by that illness. Families are torn apart, runaways increase, family violence increases, divorce increases, child incest and abuse increases. The vast majority of women and children involved in a domestic violent situation are afflicted by substance abuse in some way.

9. **HOSPITAL, THE REVOLVING DOOR.** Our hospitals are revolving doors for many that suffer from chemical dependency. These people are treated for alcohol or other drug related illnesses such as bleeding ulcers, heart disease, nervous breakdowns, car accidents, domestic accidents, and many more ailments. Frequently, no one takes the time to find out the real cause for these traumas or ailments. Many of these patients will return over and over again for health care to be treated for the life threatening symptoms of their primary disease, but not for the primary disease itself. Treating the symptoms, while ignoring the primary disease, (like only using calomine lotion for measles) can provide only temporary relief and the end result will only be more costly and perhaps fatal.
10. **UNDERSTANDING THE PROBLEM WILL RESULT IN A POSITIVE SOLUTION.** When society finally accepts chemical dependency as a primary, chronic and fatal disease, not a moral weakness or will-power problem, we will eventually start being a healthier society. Proper education must start with the very young, both at home and in the schools. Prevention efforts must be strong, without compromise. We cannot give our youth double messages. Our laws must be fair and informative, so that those that are affected will benefit rather than become victims.

RECOMMENDATIONS:

1. Federal assistance to freestanding treatment centers, especially to assist clients who are either underinsured or without insurance to receive adequate appropriate treatment.
2. Mandate participation in aftercare programs as part of the primary treatment continuum of care.
3. Mandate drug-involved adolescent and adult offenders who are sentenced to prison to a specific period of drug treatment.
4. Develop a continuum of resources for drug-involved offenders, to include treatment, aftercare and relapse intervention programs.

5. Implement a tax credit to employers that offer adequate and appropriate chemical dependency treatment in a benefit package for employees and family members.
6. Assist in the preparation and presentation of ongoing prevention and early intervention programs with training for parents as role models.
7. Assist local agencies and civil entities (cities, counties, etc.) in developing community awareness programs.
8. Assist, both with technical and financial assistance, local agencies in the development of strong volunteer core, utilizing VISTA and other such programs, tapping into the resources of retired and senior citizens.

LETTER FROM DR. LARRY BEARD, SUPERINTENDENT; AND
MYRNA CULBERTSON, PROJECT DIPLOMA COORDINATOR,
CHARLES CITY COMMUNITY SCHOOL

January 18, 1990

Ms. Donna Stuhr
Federal Building, Room 733
210 Walnut Street
Des Moines, IA 50309

Dear Ms. Stuhr:

We were unable to attend the hearing January 10, in Des Moines sponsored by Senator Tom Harkin. As per our telephone conversation on January 8, you stated we had until January 24 to submit written testimony as to what the federal, state, and local government monies in the area of Alcohol/Drug Abuse Prevention have meant to the Charles City School District. We have been actively involved in the area of prevention and intervention since 1980, so it is impossible to detail all the programs and successes. This letter will be an attempt to give a brief history of our involvement, and a synopsis of some specific programs with supplemental material for further clarification.

Our programs have been innovative and "ahead of their time". Many schools throughout the area, state, and region consider us experts and we are in demand to share our programs with them and to help them implement similar programs in their districts. Without FEDERAL (Department of Education, Midwest Regional Center), STATE (Governor's Alliance, Drug Free School, Department of Economic Development), and LOCAL (City and County) funding, we would never have been able to reach the level of Affective Education that we have achieved. What we need is to be assured that funding will continue so that we can maintain and/or upgrade the current level of programs and continue to train new people in the School Team Approach.

MIDWEST REGIONAL CENTER

We owe an enormous debt of gratitude to the U. S. Department of Education, Midwest Regional Center, Chicago, whose Director is Mickey Finn. The School Team Approach to Alcohol and Drug Abuse Prevention training received from Midwest Regional Center and the Action Plans made and implemented have greatly impacted our school and community. Every year since 1980, we have had teams trained in the School Team Approach. Each year teams wrote Action Plans and came back to Charles City and implemented them. All the many programs that we have, had their beginning in the Action Plan. As you will see from the Supplemental Material (hereafter referred to as SM), we have accomplished many things.

SM 1 - NEWSPAPER ARTICLE

This is a history and overview of our association with Midwest Regional Center and how that association has also led to the formation of the North Iowa Consortium (discussed in the article) and we have now also formed a WIN Cadre (Wisconsin, Iowa, Nebraska) which also provides advanced training and a tri-state networking system.

SCHOOL PROGRAMS

SM 2 - ACTION PLANS

This is a list of Action Plan Objectives, sample activities - programs implemented as a direct result of the Action Plan, and Quality Circle accomplishments.

SM 3 - HIGH RISK YOUTH

This is a copy of the objectives from our High Risk Youth Grant application which we submitted to and received funding for from the Governor's Alliance on Substance Abuse. We have received an average of \$35,00 for the past three years. Most of the funding went to private agencies and we were one of the few school districts to receive funding.

SM 4 - YEAR END SUMMARY

This is a year end summary of High Risk Youth Grant 1987-88 which gives statistical data after the first year of implementation.

SM 5 - FINE APPLICATION

FINE stands for First in Nation Education for recognition of outstanding programs. This is our application which will be submitted in February, 1990. This gives a good overall view of our Elementary Student Assistance Program.

SM 6 - STUDENT ASSISTANCE PROGRAM

This is a copy of our K-12 Student Assistance Program in the Charles City Schools. It also contains statistical data for a six year period (pages 31-32) for grades 7-12, and a two year period (page 40) for grades K-6. A unique part of our program is the restitution policy for students participating in extra-curricular activities (pages 17-30).

SM 7 - NEWSPAPER ARTICLE

This is an example of the caliber of teachers we have and the quality of our programs.

CHILD-PARENTING CENTER

Charles City is also unique in that we offer child/parenting classes and have a child care center in our school. This was made possible through grant money. The Department of Economic Development (Lottery money) provided \$10,000 for furniture and equipment for the center. The Department of Education's Single Parent/Homemaker Vocational Grant in the amount of \$24,000 pays half the salary of the certified teacher and the salary of two qualified aids. As of January 1, we have a Purchase of Service Contract with the Department of Human Services which will allow the payment of \$1.50 per child up to six children for a babysitter for a student parent to go to night school, etc.

COMMUNITY PROGRAMS

F.O.C.U.S. (Free Our Citizens of Unhealthy Substances)

Charles City community and schools had various committees working on different facets of substance abuse prevention. The right had didn't know what the left hand was doing and committee members were frustrated because there wasn't a bigger picture and no one was sure of exactly what programs were available in the community and schools. In February, 1987, Pat Doyle, CDS Counselor in Charles City; Ron Noah, then County Attorney; and Dr. Larry Beard, Superintendent of Schools met for a brainstorming session and decided to ask a few more key people to meet to see what could be done about forming an umbrella committee that could coordinate all the various activities. The additional people asked to meet were Dan Mallaro, Guidance Counselor at the High School; Myrna Culbertson, Project Diploma Coordinator, Dr. Paul Mork, then president of the Ministerium; Pat Conn, AEA Health Consultant, Pat Tomson, Family Therapist, and Bill Cavanaugh, Floyd County Deputy Sheriff. They met during the lunch hour from 11:30 - 1:00 on February 12, 1987. The main purpose of this meeting was to: 1) Discuss what is going on in the community/schools, 2) List the projects in the community/schools, 3) List the programs in the community/schools.

Through the discussion that followed at this meeting, it was decided that the major focus of the group would be to come up with a diagram or a schematic flow chart as to how the programs in the community/schools work, who initiates them, where the leadership is, etc. It was the general consensus that we need to have an organizational chart so that the success or failure of the program is not dependent on one cog in the wheel. As a result of this discussion, they came up with the following concept--There would be an executive Council in the future to coordinate all of the activities of the community which included the city, school and County Board of Supervisors. Several more organizational meetings were held until they became the F.O.C.U.S. Committee.

SM 8 - INFORMATIONAL SHEET

This contains the organizational chart, a list of objectives, list of representatives and a list of some of the programs currently in effect in the Charles City Community and Schools

SM 9 - WHEN YOU NEED HELP

This sheet with phone numbers was distributed county wide.

SM 10 - CHILD SAFETY - C.O.M.E.T.S. MONTH

KCHA Radio Station designates February as Child Safety month and uses the acronym C.O.M.E.T.S. which stands for Community Offers Meaningful Educational Tips for Safety. The station's advertiser's sponsor spot announcements dealing with Drug and Alcohol prevention and with safety. The station interviews key people about the various programs offered to the community.

SM 11 - NEWSPAPER ARTICLES

These articles will give additional information on F.O.C.U.S. activities.

If you have any further questions or would like additional information, please do not hesitate to contact us. We would also like to take this opportunity to invite you to visit us in Charles City to get a first hand look at our many programs. Thank you.

Myrna Culbertson

Myrna Culbertson,
Project Diploma Coordinator

Sincerely,

Dr. Larry Beard

Dr. Larry Beard,
Superintendent

STATEMENT OF RICHARD EISENLAUER, SUPERVISOR, PHYSICAL EDUCATION, HEALTH, AND SAFETY, DES MOINES PUBLIC SCHOOLS

The Des Moines Independent Community School District has been involved with the Midwest Regional Center since 1982.

The Des Moines School District has, to date, thirty-nine schools that have been through residential training on "The School Team Approach in Dealing with Substance Abuse and Disruptive Behavior" provided by the Midwest Regional Center. By the end of March, we will have another eight schools trained leaving eight schools for next year.

Results of the training have been very rewarding. The district has experienced the following from the training:

1. Teams have expanded from the original five team members trained to teams of 10, 20, 30, and complete faculty involvement. We have prevention and intervention teams at the schools.
2. Support groups, teen leadership groups, peer groups, and insight groups have been formed in many of our schools for students.
3. Parent and community awareness and support has grown for helping students.
4. Training for coaches, athletes, and parents has been successful.
5. Training for staff members has made them aware of substance abuse problems in their schools and how to deal with them. There seems to be more rapport among staff who are team members.
6. There seems to be a more caring atmosphere among students and faculty in our schools. Students are seeking help for their peers and school staffs are responding.
7. Technical assistance provided by the Midwest Regional Center to the Des Moines Schools has been excellent.

The Des Moines Schools have found, through the concept offered by the Midwest Regional Center, where teachers and administrators sit down and develop an action plan for their particular school and community in dealing with substance abuse and disruptive behavior they feel ownership of the plan.

LETTER FROM BANKS SWAN, COORDINATOR OF HEALTH EDUCATION, HEALTH SERVICES AND DRUG ABUSE PREVENTION

January 19, 1990

Senator Harkin
Federal Bldg.
210 Walnut St. Rm. 733
Des Moines, Iowa 50309

Dear Senator Harkin:

I was disappointed I wasn't informed about your meeting dealing with drug abuse prevention and its funding so that I could attend, but I would still like to let you know about Davenport, Iowa and what is and has been taking place because of money given to school districts.

Our most successful opportunity has been with the Midwest Regional Center located in Chicago, Illinois. Because of their "Team Approach" concept and the contracts they were able to offer, we have trained 22 teams including 110 members in drug abuse prevention and alternatives to disruptive behavior. Because of their

follow up (technical assistance). we have been able to include 1,200 teachers, 500 parents, and thousands of students in programs designed to build self-esteem and discourage self-destructive behavior. The following are some of the examples of our accomplishments:

Accomplishment: Parents holding after prom parties (drug free) for students in all of our high schools.

Results: Since this activity has been held there has been no recorded arrests due to drinking and or driving during prom time and no deaths due to driving and drinking during prom time.

Parent volunteer time totals over 740 hours each event and our community donates thousands of dollars each year for prizes.

Other school districts have copied us and our media (TV) has joined the movement to drug free after proms.

Accomplishment: Parent Communication Networks have been formed. (PCN) These parents communicate with each other, provide information, support groups and organize activities (drug free) for their children. See directory.

Result: Directory with telephone numbers of parents, names of children, and statements of drug free philosophies have been printed and distributed.

In the three years of holding activities there have been no reported incidences of use of drugs or of disruptive behavior during these activities. The attendance at these activities has increased 25%.

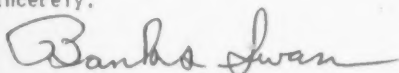
Accomplishment: SADD groups have been formed at our high schools along with student support groups to promote non-alcoholic drug use.

Result: Outdoor display boards (15 of them), are throughout our community, promoting driving without drinking, and our Central High School has peer helping groups assisting 900 students upon request.

The money we received through the Drug Free Schools and Community Act was also appreciated. It has allowed us to inservice teachers, support staff, and administration, as well as to provide parents with assistance dealing with drug abuse prevention. Because of cut backs in funds in our school budget, we have been able to use drug free school funds to supplement drug abuse prevention curriculum, offer student assistance programs, identify at risk students and assist them, and provide in school support groups.

I could go on but time doesn't permit me to do so. I would like to give my support to the two previously mentioned drug abuse prevention programs and hope that funding continues. Along with you, I realize that the most important resource we have is our children and we must do our best to see they grow up healthy. These programs will help us do just that.

Sincerely,



Banks Swan
Coordinator of Health Ed., Health Services
& Drug Abuse Prevention

STATEMENT OF JUDY A. BRADSHAW, SERGEANT, DES MOINES POLICE DEPARTMENT

Drug use- drug abuse, our society continually attempts to define and control each form. It appears that in spite of the number of periodicals printed against drug abuse, the number of users climbs yearly. Man seems intrigued with altering his state of consciousness, whether it is by chemicals or through natural means.

Although drug preferences and trends change with time, law enforcement agencies are responsible for enforcing unchanging drug laws and controlling the quantity of drugs that reach the streets.

Throughout the years law enforcement has been criticized by some who believe that the drug problem has been sensationalized. Other critics argue that drug use is too wide spread to control and enforcement only alienates those arrested for drug offenses, tainting their records and clogging up our judicial and penal systems. Many critics argue against scare tactics, stating it actually popularizes drugs and encourages experimentation. Many become discouraged by the ominous statistics of supply and demand, and feel that drug enforcement is nothing more than window dressing.

Research by the Des Moines Police Department indicates that crack-cocaine is not just another trendy drug that can be experimented with and set aside, the addiction to crack-cocaine is unlike former 'classic' addictions. This drug has the potential to engulf entire factions within a city, escalating violent crimes and promoting organized crime and gangs. Crack-cocaine is unique in its addiction and its potential to manifest violence.

The proceeding page is an excerpt from a research study I co-authored January 15, 1989 on crack-cocaine for the Des Moines Narcotics Unit. Throughout the 1989 year the drug problem swelled even further and both federal and state branches took steps to build and expand the proper 'machine' to battle substance abuse. Adequate channels of communication have been put into place by establishing committees, councils, and task forces. The severity of substance abuse throughout the United States has captured the public's attention, and unlike other standing issues before our judicial and legislative processes, combatting the drug problem is a bi-partison concern.

One of the most alarming aspects of our drug problem today is the blatant manner in which dealers openly sell drugs while standing on public sidewalks, street corners, and parks. What it boils down to is an unsystematic system of crime at the street level; some agencies go as far as to label it as a form of organized crime.

I hesitate to label Iowa's activity as such due to the fact that the adjectives consistent with organized crime such as well-organized, complex, competently managed, are not realistic when it pertains to street drug dealing.

The participants of today who operate and deal drugs within this unsystematic system are not well-organized, or literate, and normally become victims to crime by other participants. It is unsystematic in the manner that there is no solid manning chart or chain of command. It is systematic in the manner that once certain drug dealers are targeted and arrested, or killed by the competition, there are others ready to move in and replace them. So are we losing the battle to this large mass of ghosts with overwhelming numbers? Realistically, the number of people using illicit drugs is startling; are we losing the battle- certainly not.

I believe there are several variables within a community that if not focused on, reinforced, and evaluated, they become an integral part to fostering an environment for continued operation of this unsystematic system.

These variables are:

SCHOOL SYSTEMS

A. Adequate education on drugs is needed within our school systems at all levels. I have represented the Des Moines Police Department on several different occasions presenting talks regarding drugs. Our youth are curious about drugs right now, we have their interest. Many of those in elementary schools seem to be looking for direction when it pertains to drugs, they are just as frightened by what they see as adults are. I believe education starting early at the elementary level is extremely effective. I've observed it firsthand. The various school programs should be expanded and provided with proper funding for growth.

B. There needs to be effective communication between school systems and law enforcement. This is a relationship most communities assume is functioning smoothly and take for granted. However, once it breaks down there is distrust and lack of cooperation between the two entities and our youth suffer. This occurs more often than what is known by the public. Leverage to promote cooperation can be

gained through grants with verbage that encourages a joint effort between the schools and law enforcement. Every major school district in Iowa should provide a budget for school liason officers. With the influx of drugs and violence into our schools, school liason officers are our only link to the kids. If there is funding available for Iowa schools for liason programs, we desperately need it. The Des Moines school district wrote the school liason program out of its budget several years ago due to lack of funds. As a result law enforcement has no communication with the children within our schools, and we need it on a daily basis.

WELFARE SYSIEMS

- A. At the State and County level the type of welfare provided is in the form of ADC/food stamps. At the federal level it is in the form of housing. As an experienced narcotics officer I have executed numerous search warrants in homes whose occupants were receiving welfare and living in a federally funded housing project. In the majority of the cases there were large amounts of cash found indicating either profit from drug sales, or welfare monies not being spent for utilities or food. Many of the homes utilities had been shut off, all of them had children present, and each case varied in the degree of child neglect that was taking place.

The warrants were for controlled substances; namely crack-cocaine. The welfare provided by federal and state monies soon becomes an enabler for the recipient who uses or deals crack. There has to be procedures to place drug violators who are welfare recipients on pre-paid programs. These kinds of programs pre-pay utilities, rent and in some instances food. It is not a cure-all, but it would be a means to provide the basics to the children who live under these terrible conditions. Currently, our federal and state welfare recipients are easily manipulated, and easily manipulate the system. Evaluation and adjustments must be made. Many welfare mothers in housing projects are targets for drug dealers, this can be curbed with proper procedures put into place to address violators.

LEGISLATION-

- A. Forfeiture laws must be maintained within the State of Iowa. The ability to seize assets gained through drug sales is essential to effectively deterring drug dealing. Seizing

dealer's assets bought by drug sale profits is our most effective tool. Most dealers view jail sentences, bonds, and fines imposed on them as merely a cost of doing business. Taking a dealer's new-found wealth gained through illicit activity proves crime does not pay.

- B. Legislation at the state level should be changed regarding the bond on appeal for an individual convicted on a felony drug charge. Currently, the convicted person can set bond and be out for up to a year and a half before the appeal is ruled on. In the meantime the dealer goes right back to dealing and reaping profits. The felony drug charge conviction should be in line with other forcible felonies, in that there is no bond on appeal.
- C. The Iowa legislature should be encouraged to change its' juvenile code. The code has been interpreted by the juvenile agencies in a manner that severely restricts law enforcement. Juveniles apprehended for drug charges are being placed back into control of a parent, in many cases the parent endorses or is apathetic to the situation.

FUNDING-

- A. In summary, adequate funding for initiating and expanding education programs throughout our schools. I feel this area is first and foremost, at least the period of time right now warrants the funding.
- B. The state has appropriated monies for more prosecutors. Federal funding is needed at the county level to hire more drug prosecutors, especially for the larger counties.
- C. Funding is needed for the treatment of the indigent drug user who has no insurance and is not going to receive a jail sentence and consequently is not going to receive treatment. These individuals are the majority of possession charges in our courts today. There must be treatment facilities available to them or they fall through the cracks and are repeat offenders, or victims, depending on your perspective.
- D. The national trends show that increased crack-cocaine sales has a causal relationship with increased street violence. Those agencies whose cities are now under the grip of gang violence all offer the same advice, that is swift, strong, street enforcement. Iowa must have funding available if such implementation becomes necessary.

These are obviously not the only areas that need to be focused on, reinforced, and evaluated. I did not mention several areas that are part of the 'machine' and vital to the process. If there is a way at the federal level to coordinate each agency into an organized forum for communication and cooperation, it would be an incremental step towards success. It is not intentional but communication between the various agencies is lacking or non-existent. There needs to be an effort directed at uniting all the agencies to create communication and informative interaction.

My written testimony says nothing in regards to the public's unsettling craving for drugs, which is out of the scope of my testimony. There is no question that within our society there are existing social conditions that create suppression and a lack of opportunities for lower classes and minorities. When making social policy, their concerns should weigh heavily towards shaping policy.

Senator Markin, I would like to thank you and your staff for allowing me an opportunity to provide written testimony. I hope you find my contributions informative and helpful for the upcoming legislative session. If I can be of any assistance to you in the future, please don't hesitate to contact me.

STATEMENT OF JO ANN ZIMMERMAN, R.N., LIEUTENANT GOVERNOR, DES MOINES, IA

In 1980, I completed a study of alcohol and drug prevention and treatment programs in Iowa. Eighty-four percent of hospital recovery units were treating alcohol addictions; only 16% of the patients were being treated for drug addictions. Programs funded by the Iowa Department of Health treated 72% of their clients for alcohol addiction and 28% for drug abuse problems. At that time, Valium, a prescription drug, was the most often abused drug.

Times have changed. We have recognized the impact drug abuse is having on Iowans by changing the funding formula for distribution of the Federal Alcohol and Drug Abuse Block Grant to 50% for drug abuse programs and 50% for alcohol abuse programs - even though current statistics still show alcohol as the most commonly abused drug.

With the introduction of some cocaine derivatives which are highly addictive, we know we must be on top of both demand and supply.

Cocaine addiction, pregnancy and children:

We are just beginning to recognize that we have children already in middle school who were born to cocaine addicted mothers. Now we see the long lasting effect: that there will be a growing problem in our schools as these children born of addicts continue to require long term support services.

We have known for some time about the more direct effects of cocaine on the fetus. Cocaine is known to cause fetal strokes, miscarriages, premature deliveries, and birth defects.

Federal funds should be used in aiding states to implement programs for tracking these children to establish long term needs. Pilot programs could be implemented for treatment of cocaine addicted babies.

Addicts and the Correction System:

We are discovering the large numbers of prisoners who have or had alcohol and/or drug abuse problems. Increasingly we have documented crimes committed while under the influence of drugs or to acquire funds for purchase of alcohol and drugs. The Iowa Comprehensive State Plan for Substance Abuse 1988-89 states, "of offenders on parole on April 1, 1988, 70.9% were alcoholics or abusers of drugs other than marijuana."

I believe the U.S. Government would show good faith in reducing continued substance abuse by offenders by funding prison treatment programs and, especially, aftercare programs.

Many professionals believe that they have "given the system its best shot" once an addict has completed a program. Believe me, the "best shot" is aftercare. A program to provide aftercare of addicts coming out of a corrections system would pay for itself many times over, by reducing the demand for drugs. Remember, in many cases, rehabilitated offenders committed crimes in order to acquire drugs.

Pilot projects focused on follow through aftercare programs for paroled, or released offenders would intervene at the point of high vulnerability to redependence on drugs. Such programs would show the states how to develop aftercare for this very special population: addicts who committed crimes.

Education as prevention:

Iowa has used some of the prevention monies for school programs. These, of course, are coordinated between the Department of Health and the Department of Education. For better control of demand, we must increase these monies and tackle new, innovative directions.

We should be focusing drug education and prevention messages through television programming during the early afternoon periods, when many unemployed people are watching.

Health education is an important part of early learning. Since World War II, we have been taught to hand our bodies and minds over to the health care system. It is important for each person to understand basic information on how his or her body and mind functions, and to take the responsibility for that mind and body. Parents can't help if they have never received this basic information themselves.

The U. S. Government should make health education a requirement by funding programs "with a hook" to bring every state forward in requiring that this information be taught in the schools.

In closing, I will state that we know the underlying causes of people turning to drugs and alcohol is the search for something meaningful in one's life. We all, at local, state, and federal levels, must seek to develop a society which really cares for people, and provides economic opportunities for all.

CONCLUSION OF HEARING

Senator HARKIN. OK. Thank you all very much. The subcommittee will stand in recess subject to the call of the Chair.

[Whereupon, at 12 noon, Wednesday, January 10, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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